

Ad

THE

CANADIAN PRACTITIONER,

11

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. ENGLAND ; J. E. GRAHAM, M.D., L.R.C.P. LONDON ;

W. H. B. AIKINS, M.D., L.R.C.P. LONDON.

422929
2.5.44

VOLUME X.

January, 1885, to December, 1885.

TORONTO:

WILLIAM BRIGGS, PUBLISHER,

78 & 80 KING ST. EAST.

1885,

R
11
C 45
v. 10

CONTRIBUTORS TO VOL. X.

A. B. ATHERTON, M.D., L.R.C.P.S. Edin.
W. H. B. AIKINS, M.D., L.R.C.P. Lond.
H. ARNOTT, M.D.
F. H. S. AMES, M.D.
G. H. BURNHAM, M.B., M.R.C.S. Eng.
J. H. BURNS, M.D.
W. BURT, M.D.
J. J. CASSIDY, M.D.
WM. CANNIFF, M.D.
I. H. CAMERON, M.B.
J. CAMPBELL, M.D., L.R.C.P.S. Edin.
A. DAVIDSON, M.B., M.R.C.S. Eng.
F. R. ECCLES, M.D., M.R.C.S. Eng.
E. G. EDWARDS, M.D.
J. E. GRAHAM, M.D., L.R.C.P. Lond.
C. W. HEGGIE, M.D.
G. K. HOLMES, M.D.
J. E. JENNER, M.B., L.R.C.P. Lond.
A. McPHEDRAN, M.B.
A. McKINNON, M.D.

L. McFARLANE, M.B.
J. D. MATTISON, M.D.
A. G. MACHELL, M.D.
G. L. MILNE, M.D., C.M.
ALAN MACDOUGALL, C.E., F.R.S.E.
D. W. MONTGOMERY, M.D.
H. P. MANTON, M.D. (Han.)
W. H. MONTAGUE, M.D., L.R.C.P.S. Edin.
UZZIEL OGDEN, M.D.
T. W. POOLE, M.D.
ROSWELL PARK, A.M., M.D.
J. F. W. ROSS, M.D., L.R.C.P. Lond.
G. S. RYERSON, M.D., L.R.C.P.S. Edin.
J. S. SPRAGUE, M.D.
JAMES STEWART, M.D., L.R.C.P.S. Edin.
W. H. THAYER, M.D.
G. A. TYE, M.D.
A. H. WRIGHT, M.D., M.R.C.S. Eng.
B. WHITEMAN, M.B.
R. ZIMMERMAN, M.D., L.R.C.P. Lond.

Medicines, To Disguise Taste of, 342.
 Medical Schools, 343.
 Medical Education in Canada, 345.
 Medical School Residence, 346.
 Muriate of Ammonia, 108.
 Medical Schools, English, 364.
 Medical Experts and Insanity Plea, 370.
 Medical Students, Conduct of, 374.

N.

Nerve Lesions, 22.
 Nephrectomy, 86, 275.
 Neuralgia, Facial, 177.
 North-West Rebellion, 180.
 Nitrite of Amyl, 211.
 Neuralgia, Superficial, 211.
 Napkin for Women During Menstruation, 364.
 Nephrolithotomy, 365.
 Nephrectomy Lumbar, 368.

O.

Obituaries, 22, 24, 62, 91, 152, 255, 288, 351.
 Opium Addiction, 79.
 Ontario Medical Association, 120, 182, 214, 221, 250.
 Ontario Medical Council, 182, 212, 215.
 Ovarian Tumor, 142.
 Obesity, Treatment of, 166.
 Ovariectomies, History of, 225, 260.
 Ovariectomy in Batty's Infirmary, 299.
 Ontario Medical Act, 346, 373.
 Ovaries, Removal of, 360.

P.

Piles, 9.
 Prescriptions, Palatable, 11.
 Paracentesis Thoracis, 15.
 Puerperal Septicæmia, Treatment of, 17.
 " Infection, 147.
 " Convulsions, Treatment of, 11.
 Personals, 30, 63, 93, 126, 191, 224, 255, 288, 318, 351, 380.
 Pneumonia, Lobar, 39.
 Permanganate of Potassium, 43.
 Polyuria, Treatment of, 46.
 Placenta Prævia, 53, 56, 257.
 Plumbing Inspector, 55.
 Perinephric Abscess, 65.
 Pneumonia, Treatment of, 84.
 Phimosis, Treatment of, 86.
 Placenta, Delivery of, 88.
 Pelvic Abscess, with Sudden Fatal Termination, 98.
 Pulse in Children, 109.
 Pregnancy, Cervical, 113.
 Pyrogallie Acid in Lupus, 118.
 Pilocarpine, Local Sweating by, 136.
 Phthisis, Treatment of, 136, 300.
 Patient, An Ungrateful, 141.
 Pruritus Vulvæ, 147.
 Pregnancy in Uterus Septus, 182.
 Phthisical Farm Laborers, 205.
 Psoriasis, 211.
 Pharynx, Chronic Diseases of, 233.
 " Gargle for, 244.
 Patella, Wiring of Fractured, 233.
 Plaster Jacket, New Use for, 240.
 Plaster Bandage, How to Remove, 275.
 Pelvi-peritonitis, Chronic, Treatment of, 277.
 Puerperal Mania, 289.
 " State, Grave Symptoms in, 295.
 Phosphide of Zinc in Dysmenorrhœa, 302.

Poisoning with Rhus Toxicodendron, 303.
 Phlegmasia, Ointment for, 341.
 Pasteur on Hydrophobia, 365.
 Phosphide of Zinc in Dysmenorrhœa, 367.
 Permanganate-Phenylene, 378.
 Pneumatic Differentiation, 371.

Q.

Quinine in Pneumonia, 245.
 " Paradoxical Action of, 269.

R.

Rhigolene as a Solvent, 5, 176.
 Rheumatism, Chronic, Treatment of, 12.
 " Acute, Treatment of, 22, 335.
 " Oil of Wintergreen, 157.
 Resorcin, 47.
 Ring-worm of Scalp, 84.
 " Formula for, 244.
 Rectal Medication, 207.
 Round Ligaments, Shortening of, 243.
 Reports of Cases, 356.
 Removal of Uterine Fibroid, 376.

S.

Sciatica—Stretching of Nerves. 1.
 Stammering, Cure of, 12.
 Southern Plague, 23.
 Septicæmia, 35.
 Skin Grafts from the Frog, 47.
 Sullivan, Dr., and the Senate, 56.
 Sanitary Association, 89.
 Summer Session, 119, 248.
 Salicylate of Sodium, Accidental Effects from, 136.
 Santonine, How to Administer, 140.
 Syccosis, Ointment for, 140.
 Sutures, Remarks upon, 167.
 Sweating to Death, A Case of, 172.
 Sprains, Treatment of, 177.
 Salicylic Lemonade, 207, 342.
 Shock, Treatment of, 234.
 Skin Diseases from Venous Stagnation, 267.
 Salicylate Acid Suet in Hyperidrosis, 279.
 Scabies, 279.
 Scarlatinaform Erythema, 282.
 Sarcoma of Skin, 305.
 Syphilis, Bacillus of, 22.
 Syphilis, A New Remedy, 206.
 Syphilis, 306.
 Small-pox in Montreal, 306, 376.
 Sexual Development, Irregular, 339.
 Spermatorrhœa of Plethora, 341.
 Scarlet Fever, Treatment of, 366.
 Sulphurous Acid as a Disinfectant, 368.
 School Dinners, 375.

T.

Tabes Dorsalis, 3, 137.
 Teeth, Extraction of, 19.
 Toronto Medical Society, 26, 60, 120, 375, 379.
 Tyrosin, 83.
 Tracheotomy, 86.
 Toronto General Hospital, 117.
 Toronto School of Medicine, 134, 248, 309.
 Trinity College, 154.
 Tetanus, Treatment of, 177.
 Typhoid Fever, Abortive Treatment of, 205.
 " " Modified, 292.
 Toxic Normal Urine, 206.

INDEX.

Toronto Sewage, 280.
Tait's Operations at Albany Hospital, 148.
Tait's Ovariectomies, 307.
Testimonials to Commercial Enterprises, 345.
Therapeutic Notes, 354, 369.
Tait and Keith, 362.

U.

Uterine Diseases, Nerve-Counterfeits of, 49.
University Confederation, 89.
Urethral Stricture in Female, 142.
University of Toronto, Senate Election, 153.
" " " 184.
Uterus, Anatomy of, 181.
Urethra, Saccular Dilatation of, 236.
Ulceration Caused by Morphine, 270.
Ulcer of Hands, 304.
Urethrotomy, Internal, 326.
University of Toronto, Examining Board, 372.

V.

Veratrum Viride, 54, 76.
Vaginal Examinations, 81.
Vomiting of Pregnancy, 87, 176.
Vaginitis, 116.
Vaccination, Mortality from, 119.
Viburnum Prunifolium, 245.
Vaginal Injections, 305, 340.
Ventilation of Drains, 340.
Vomiting, Use of Ice in, 340.
Vaccine Virus, 344.
Veratrum Viride in Convulsions, 366.

W.

Warts, Application for Removal, 13.
Western University.
Whooping Cough, 83, 306,
Writer's Cramp, 120.
Water Supply of Ancient Cities, 268.
Wood Charpie in Dressing of Wounds, 276.

Mcd
c

THE

Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS AND PROPRIETORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

SUBSCRIPTION, \$3 PER ANNUM.

Literary Communications may be addressed to any of the Editors. All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 40 Queen Street East.

TORONTO, JANUARY, 1885.

Original Communications.

NERVE-STRETCHING FOR SCIATICA.

A. B. ATHERTON, M.D., L.R.C.P. & S. EDIN.,

Toronto (formerly of Fredericton, N.B.)

1882, Sept. 8. G. E. G., aged 40—male—minister. Not generally very robust. One or two members of family have had phthisis. Seven years ago suffered for several months from sciatica in left limb. Also four years ago had an attack of pneumonia or pleurisy, or both, which laid him up six or seven weeks. Eighteen months ago sciatica returned, and in spite of all sorts of remedies it has grown worse, till of late it has interfered very materially with his ministerial duties. Morphine relieves the pain of severe paroxysms, but it causes so much nausea and vomiting that he dreads its use. Rest relieves, and motion increases, the pain and soreness. As a rule he is able to sleep pretty well at night, but he is wakened when he attempts to turn in bed. He has lost more than twenty pounds of flesh, weighing now less than 120. When a paroxysm of pain occurs, he is often troubled in passing water. Pain is most severe at point of exit of nerve through greater ischiatic foramen, radiating from this upwards over side of pelvis and down thigh. Also often feels pain in calf of leg and foot, accompanied with numbness and coldness of part. Has worn, of late, a chamois skin on the left limb to protect it from the cold. Has used cane in walking for some months, and leans considerably to right

side when doing so. Has been troubled very much with dyspeptic symptoms since his illness.

On examination there is found considerable wasting of limb in its whole extent, the calf and thigh measuring one-third of an inch less than their fellows. Also muscles are soft and flabby. Tenderness complained of along line of upper part of nerve. Bowels always regular.

3 p.m.—Operation. Chloroform given. Assistance rendered by Dr. Coburn, of Fredericton. Incision made from over lower border of gluteus maximus downwards, and a little inwards, four inches in length. The long head of the biceps was thus brought into view, and on turning this aside the sciatic nerve was reached. I now hooked my finger beneath the latter and gave it two or three vigorous pulls from both above and below. There was a sensible yielding of the nerve in its lower part, but little or none in the upper.

Carbolic acid and alcohol (1 to 10) now applied freely to raw surfaces, and horse-hair put in for drainage. Silver and catgut sutures used, and carbolized gauze and salicylic silk applied as a dressing.

Sept. 9.—Slept several hours last night without opiate. Feels very little pain, and he thinks he can move more easily than before operation. Pulse, 88; temperature, 99.8.

Sept. 10.—Slept well. P. 84, t. normal.

Sept. 11.—Doing well. Appetite good. P. 80, t. normal. Dressing changed under carbolic spray this afternoon. Horse hair removed from wound. Only a slight bloody discharge on gauze.

Sept. 12.—Expresses himself as more free from pain than for a year past. Bowels have moved regularly since operation. P. 76, t. 98.

Sept. 15.—Doing well. P. and t. normal. Wound again dressed. All sutures removed but three. Wound about healed. Adhesive plaster and dry dressing.

Sept. 17.—Remaining sutures removed. Wound healed. May get up and dress, and lie on couch during day.

Sept. 19.—Since getting up he feels some soreness all along back of limb, as if a "cord had been strained." Walks about, however, with the aid of a cane, and feels little, if any, of old pains.

Oct. 9.—Some soreness complained of still along course of nerve, but otherwise is doing well. Has gained six or eight pounds since operation, and walks much more erectly than before.

Oct. 25.—Returned home to Annapolis, Nova Scotia, to-day. Soreness along line of nerve is nearly all gone.

1883, May 6.—Patient called to see me while on a visit to Fredericton. Has no appreciable halt now in his gait. Weighs 135 pounds. Says that he occasionally feels slight pain over left ilium, but does not mind it. Limb is now same size as the right.

1884, Nov.—Received a note from the patient in answer to an inquiry as to his present condition, in which he states that he is troubled a little, in changes of weather or on extra exertion, with pains about upper hip and below knee. His general health is, however, good, and he weighs 141 pounds.

Remarks.—If one may judge from the history of the above case, the operation of stretching the sciatic nerve is not such a very serious affair, as the patient suffered so little from it that he never once required an opiate, and was up out of bed in nine days with the wound healed. Although there seems to be some tendency to a return of the disease now, after the lapse of more than two years, yet, even if it should do so before long, I think the respite that he has enjoyed more than justifies the resort to the operation. Besides, it is evident that up to the present he has not suffered very severely from pain, otherwise his weight would not be, as it is, fully up to the average in health.

It will be observed that I did not use the spray during the operation in this case, and such has been always my custom in those operations where a wound is made which is readily accessible, and where there is no cavity opened, such as a large abscess or a large joint. I believe that in such operations one can destroy all germs which may have lighted on the parts by the thorough application of some strong antiseptic before closing the wound, or by hyperdistension of the cavity after its closure by injecting the same through a drainage tube. Certain it is that I have frequently pursued this course, and have found these cases result just as well as any, both as regards inflammation and suppuration. What led me to pursue this method was the fact that compound fractures and other accidental wounds which were seen within a few hours after their occurrence, did perfectly well when they were treated in the above manner, and I could see no good reason why a wound made by the surgeon which could be attended to at once, ought not to do as well as, or better than, they. And I do not consider that one materially deviates from Lister's theories in pursuing such a course, for it is more than likely that the outward flow of blood and serum carries away any bacteria which may alight on the wounded part; and also these fluids themselves, I think, according to some experiments made by Sir Joseph himself, allow little, if any, multiplication of germs in them. The latter, in part at least, probably explains the fact that if wounds are attended to within twenty-four hours of their reception, they very often pursue an aseptic course to the end, just as well as if they had been made under the carbolic spray.

For these reasons, one is, I think, justified in doing most operations without this nuisance, for that it is in itself a nuisance even its friends must admit. I, however, invariably employ it in subsequent dressings, until I am satisfied that the wound has become a superficial one.

Dr. Russell, of Dakota, has written to a prominent physician in this city stating that he has used with marked benefit, in small-pox, 10 min. doses of tinct. of iodine, and thought it might be of service in the epidemic which now exists in the county of Hastings.

PRETAXIC TABES DORSALIS.

BY A. MCPHEDRAN, M.B.

(Extracts from a paper read before the Toronto Medical Society, October, 1884.

Buzzard looks upon the loss of the patellar reflex as the most important of the signs of this disease, and if with it a patient with a fairly nominal condition of the quadriceps presents also a history of the characteristic pains, he believes no other symptoms are required to conclude the case one of *tabes dorsalis*. By the majority of English and German writers this sign is accorded a place of as great significance in the symptomatology of this disease, while the Americans attach much less importance to it, and the French little or none. In the German-English experience the knee phenomenon is almost constantly absent, in even the early stage of *tabes*. Erb found it absent in forty-eight out of forty-nine cases; Berger, in eighty out of eighty-two; Buzzard, in twenty-eight out of thirty—i.e., the symptom was present in over ninety-seven per cent. of these cases. This represents pretty correctly the general experience of the authorities in these two countries. The reflex will probably be found absent in all cases in which the pains are well marked, as these two symptoms have a close pathological relationship. The occasional persistence of the reflex is due to slight damage to the posterior root fibres; this is shown by the sensation being little affected and usually the absence of pains in such cases. It is believed that persistence of the knee-jerk may indicate, in some cases, that the sclerosis has not descended as low as the origins of the third and fourth roots of the crural plexus.

American observers consider absence of the knee reflex a sign of secondary importance, because they find this reflex in many cases of ataxy; also because of their frequent failure to obtain knee-jerk in health. They report many cases of ataxy in which the reflex was not only present, but aggravated. In none of these records that I have seen was there a post mortem examination to verify diagnosis. Althaus says that cases with such a history are far from uncommon, but he looks upon them as cases of combined sclerosis of the lateral and posterior

columns, the effect of the sclerotic change in the lateral being too powerful to be neutralized by the disease in the posterior columns. It is to be remembered that patellar tendon reflex is absent in many other diseases. Any lesion interfering with the integrity of the nervous arc, which extends from the patellar tendon to the gray matter of the cord and back again to the quadriceps muscle, will destroy it. It may be absent in spinal meningitis and perineuritis. It has been found absent in diphtheritic paralysis. Buzzard reports one such case, in which the reflex was renewed after recovery from the paralysis; Hughlings Jackson another, in which knee-jerk returned one year after paralysis had disappeared. It would, of course, be absent where there is change or degeneration of the muscular structure of the quadriceps.

In *Brain*, 1879, Dr. Stephen Mackenzie reports a case of tumor of cerebellum in which the patellar reflex was absent on one side.

In view of the almost universal absence of this phenomenon in *tabes dorsalis*, it becomes a question of greatest importance to ascertain the constancy with which it exists in health. If present in all persons in good health, then its absence in all cases, with good muscular power and idio-muscular contractions of the quadriceps when percussed, would be pathognomonic of *tabes*. Westphal, Erb, and others have, till lately, been of the opinion that this reflex is always present in health; they still think its absence very exceptional. Buzzard has never met with a case in which it was absent, when properly sought for. Gowers mentioned several cases, in a paper read in 1879, but he has not met one since. He thinks there is great fallacy in the failure to obtain it, and that the failure is often due to want of relaxation of the flexor muscles. Gray, of Long Island Hospital, N.Y., failed to obtain it in two out of twenty adults, and one in twenty-three children examined, all being in ordinary health. Bannister, of Chicago, failed in two out of thirty-six persons. Many other Americans report similar results. Berger, of Breslau, in order to test the question, had 1,100 healthy persons examined. It could not be obtained in twenty-two, 1.56 per cent. These were examined repeatedly and carefully.

In no case did he meet with unilateral absence in a healthy subject. Although he had for years been examining healthy persons, he had never before failed to find the reflex.

During the last three months I have examined the state of the patellar reflex in 184 persons, some of whom were in ordinarily good health, and some affected with various ailments, usually of a trivial nature. The reflex was obtained in all instances. The subjects were of all ages, from three months to eighty years. One of the chief sources of difficulty was in obtaining complete muscular relaxation. In many the reflex was easily obtained without such relaxation. One case, a child aged 7, is omitted from the list because the legs were spasmodically contracted when any attempt at an examination was made. In eleven cases reflex was obtained only after a very careful examination. They were seated on a table, the knee bared, the eyes often blindfolded, and the tendon tapped in every part. In several cases the response was elicited only when the tendon was struck at some particular point. In only one other case, than the one whose history has been related, was there a failure to obtain the reflex at the first examination—a man, aged 46, whose feet were frost-bitten. On a second trial, a week later, the response was moderate in degree and easily obtained. In one case, a woman, aged 20, fair response was obtained at the first examination; at a second, three weeks later, no reflex could be got in the right leg, and only a feeble jerk in left after careful trial. This is not in accord with the experience of Berger, of Breslau, already referred to. He never met with unilateral absence in a healthy person. A difference in intensity of reflex was noted in the two sides in several cases. No opinion could be formed from the appearance or history of case as to the intensity of the reflex except that, usually, in nervous individuals with hysterical tendencies it was marked.

The conclusions from these cases are fully given in the following remarks by Berger on his cases, to which reference has just been made. He found the intensity of response to vary within wide limits; in some being elicited only after repeated careful trials, whilst in others a

single tap called forth a powerful contraction and not infrequently a series of rapidly succeeding flexion and extension movements. It does not, therefore, appear allowable to speak of a pathological increase or diminution of the patellar sinew reflex. Only its absolute absence (with a few exceptions) and the evidence of an exalted sinew reflex in various other muscles in which under normal circumstances the contractions are neither regular nor marked, justify the conclusion of an abnormal condition.

While the sign is not therefore pathognomonic of tabes, nevertheless it is one of very great significance, and when present in any case should lead to further and searching investigation.

THEORIES AS TO PATHOLOGICAL CHANGES.

Without attempting anything like a discussion of the pathology of this disease, with its attendant morbid changes, it will not be out of place in this paper to indicate succinctly the chief theories of the disease. More or less striking changes are found after death in the following structures: posterior columns, spinal pia mater; posterior roots between their ganglia and the cord; the central gray matter, especially Clarke's vesicular columns; the part of the lateral columns contiguous to the posterior; the sympathetic system; many of the cranial nerves; and the peripheral termination of many of the spinal nerves resembling a wide-spread neuritis. Now, in which of these structures are the changes primary and essential, and in which secondary.

Some have considered the posterior spinal lepto-meningitis as the primary lesion. Others have taught that atrophy of the post nerve roots is the initial lesion, and the disease ascends into the substance of the cord like an ascending neuritis. Both the pia mater and post roots are nearly always found in a state of disease, but in a few cases of tabes in which death occurred in an early stage from an intercurrent acute illness, both these structures were found on post mortem examination to be healthy, while gray degeneration had made considerable progress in Burdach's columns (Strümpell, Westphall.)

Brain, of January, 1884, contains the report

of two cases by Déjerine in which there were many of the symptoms of tabes dorsalis, as pains, inco-ordination, loss of knee-jerk, anæsthesia, analgesia, delayed perception, etc. After death the post columns were found in a healthy condition, but there was an extensive peripheral neuritis in the parts in which the abnormal symptoms showed themselves.

Another view is that possibly some peripheral irritation, acting constantly for some time, may give rise to structural changes in the nerves of the part, this is continued upwards, and ultimately affects the posterior columns of cord. The lower extremities being chiefly exposed to such irritations, the lumbar region of the cord would consequently be most often affected. It has lately been shown that there is a tendency to peripheral neuritis in a state of low vitality, from whatever cause. Now, sclerosis of the posterior columns causes peripheral nerve disturbance as shown by the pains, paræsthesias, etc. Any protracted irritation would, in this condition, be more likely to lead to peripheral neuritis. Hence the order of the process is probably reversed—cord first, peripheral neuritis second.

The great majority of writers on this disease are of opinion that the only essential pathological change is that occurring in the posterior columns of the cord, all others being secondary. And the only necessary essential lesion is the sclerosis of the external part of the posterior or Burdach's columns. Strümpell, of Leipzig, has lately shown, however, that Gall's columns, in some cases, become sclerosed long before Burdach's. The change usually begins in the lumbar region and progresses upwards, at the same time it extends laterally until not only the whole posterior column is involved, but also often the neighboring portion of the lateral column, and of the gray matter of the cord; it may not cease, in fact, till the anterior columns are involved as well; but this is not till late in the disease, when paralysis and atrophy are superadded. As the morbid change extends upwards it presents the characteristic features of a secondary ascending degeneration, and is usually confined to the postero-internal columns or Gall's columns. Unless Burdach's columns become affected as well in the cervical region the

characteristic symptoms will not present themselves in the upper extremities. The degeneration can usually be traced to the medulla oblongata, and in many cases through it.

It is, however, impossible to explain the relation of many of the phenomena in tabes dorsalis, so long as its essential pathological changes are understood to be confined to the posterior columns of the spinal cord. This is especially true of the eye symptoms, particularly optic atrophy. On this point Gower's address, delivered a year ago before the Ophthalmological Society of London, contains a paragraph of which this extract is the point: "As long as ataxy was believed to be a disease, limited to the posterior columns of the spinal cord, the association with it of a peripheral degeneration of the optic nerve was an anomaly. But Pierret has shown that the degeneration in the optic nerve is not the only peripheral lesion, and that that in the cord is not the only central change in this remarkable disease. He has demonstrated that there is, often at least an independent degeneration in the cutaneous nerves, strictly analogous to the optic change. He has shown, moreover, that there may be a degeneration of the central termination of the optic nerve, as well as of other cranial nerves, analogous to that in the posterior columns of cord. He has, then, enlarged our conception of the affection from a limited disease of the spinal cord to a 'wide sensory neurosis,' in which the optic nerve atrophy falls into its definite place."

RHIGOLENE, ANOTHER LOCAL ANÆSTHETIC.

BY G. STERLING RYERSON, M.D., L.R.C.P., S.E.,

Lecturer on the Eye, Ear, Throat and Nose in Trinity Medical College, and Surgeon to these Special Departments to the General Hospital and Hospital for Sick Children, Toronto.

At the present time, when so much attention is being paid to local anæsthesia, a consideration of the properties of rhigolene may not prove uninteresting. Rhigolene, introduced to the profession by Dr. H. J. Bigelow, of Boston, is a very light, highly inflammable, non-explosive liquid obtained by re-distillation from petroleum. Its boiling point is 64°F., and is capable

of reducing the temperature to 15°F. below zero. It is not a definite compound, but is the most volatile liquid known. When used in the form of a spray it is capable of freezing the tissues in about one minute, and producing a greater degree of cold than all other substances, except cymogene, whose boiling point is 32°F. It freezes more rapidly and deeply than ether; but as this effect is somewhat evanescent, the spraying must be frequently repeated during an operation, and may be kept up as long as required. Under a rhigolene spray, both superficial and deep tissues can be freely divided, when properly exposed, without hæmorrhage or pain; but owing to the rapid disappearance of the congelation, operations must be promptly carried out.

I think that this drug may prove of considerable use in general surgery, inasmuch as the muriate of cocaine has not proved very useful when applied to the unbroken skin, and when injected hypodermically has caused unpleasant constitutional symptoms. In a previous number of the *Journal* I advised caution in its (cocaine) internal use, and Dr. Knapp writes to the *New York Medical Record* last week also warning against its hypodermic use, except in very small quantities. I think rhigolene deserves a trial.

THE CHOLERA CONFERENCE AT WASHINGTON.

BY WM. CANNIFF, M.D., TORONTO.

VISIT TO JOHNS HOPKINS UNIVERSITY, BALTIMORE, AND NEW YORK.

At a meeting of the Public Health Association; held at St. Louis, in October last, the subject of Asiatic Cholera, and its probable introduction to the American Continent next summer, received careful attention. A report was prepared by a committee, of which Dr. Bryce, of the Provincial Board of Health was one, and adopted by the Association. This report, after speaking of the origin of Asiatic Cholera, and of its modes of dissemination, and the loss to the community in the waste of life and property from general suspension of business, proceeded to make certain recommendations.

First. With regard to quarantine, and notification from foreign ports of the departure of vessels either known or suspected to have infection on board, to the health officer at the port of destination of the vessel.

Second. That Congress should take such measures as will bring about concerted action with the Dominion and the British Government.

Third. Urging local safeguards.

Fourth. Advice to municipalities as to what each should do.

Fifth. "That when this Conference adjourns it be to meet in Washington, D. C., the second Wednesday in December next, and that the secretary be directed to invite the attendance at that time of the quarantine officers and the health officers of the principal cities in the United States and Canada; and that all delegates to that meeting be prepared to report the sanitary status of their State or locality, and what steps have been taken to improve the same, and to prevent the introduction of the disease." Circulars were accordingly sent to all parts of the United States and Canada requesting the presence of delegates at the Conference.

In response, three delegates from Canada were present at the meeting, which took place at the date above mentioned. These were Dr. Covernton, Chairman of the Provincial Board of Health; Dr. Montizambert, Quarantine officer at Grosse Isle, and Dr. Canniff, Medical Health Officer, Toronto. The meeting was a representative one, and lasted from Tuesday to Friday. All the State Boards sent delegates, and about seventy-five City Boards were represented. The Hon. Erastus Brooks, of New York, was the President. In an admirable address he reviewed the objects and purposes of the Convention and the causes which led to it. "We are," he said, "to consider two subjects of great public interest to the country at large, to the States which we represent, and to every inhabited locality of our respective commonwealth. He spoke of the startling mortality from cholera, even within the last few months, where thousand of lives might have been spared by proper preparations to meet the disease." He referred to the unexpected outbreak in Paris, which might have been looked for, with

"the River Seine reeking with filth, and many of the crowded thoroughfares in like condition." Such a state of affairs was the result of criminal neglect. He said, "The masses of people, and even educated people, are not well informed in regard to the germs of disease in the human body, in the soil we tread, and in the air we breathe; but we all know what filth is, and that it can be removed from our persons and houses, from our workshops and surroundings, from polluted streets and streams which, as in the Seine and the Thames, and in places nearer home, are simply sources of corruption." . . . "Whether cholera comes, or does not come to stay, in the first or second epidemic, or whether it is epidemic at all, or whether it is infectious or not, or is communicated by persons, bedding, beds, travels on land or by ships from abroad, or originates in offensive manure heaps, dust or dirt, are secondary questions to the absolute necessity of using all the means in human power to meet the disease. Every man and woman at home, in workshops, in stores, every official, and especially those engaged in health work, ought to be sanitarians. We know from long experience, prolonged suffering, frequent investigations, and progressive science, what is possible; and the possible should be practical." . . . "The experience of the past in the visitation of Asiatic Cholera, both in Europe and the United States, extends over fifty years of time. The disease has ceased to be a mystery. We now know that it grows in filth, and grows upon what it feeds, whether starting from special germs, or otherwise. This cause of offence alone, apart from the threats of danger of the cholera, should be removed. This is tangible, practical work. As a layman in the presence of skilful physicians and sanitarians from all parts of the country, I appeal to corporations, health boards, communities, citizens, and States, to enforce that best element of public safety—decent cleanliness in our dwellings, places of business, surroundings, and in every tangible place. Peaceably if we can, forcibly if we must, is in such questions the necessary law of government."

The President concluded his address by declaring that cholera ought to be excluded from the United States by quarantine laws and

their proper execution. But an administration like this, for practical safety, requires capable persons, constant vigilance, complete material and equipments, and willing obedience to wise authority. And such I understand to be the objects of legislation by the representatives of the State Health Boards now assembled at Washington.

The work of the Conference then proceeded. Three Committees were appointed, to which were referred all matters which came under the jurisdiction of each. First, *Federal legislation*; second, *State action*; third, *Municipal action*. The principal work of the first Committee was that of framing a bill for the action of Congress, to reorganize the National Board of Health, and to take steps to prevent vessels from landing coming from infected ports, unless such vessels shall have been fumigated and disinfected prior to leaving such ports, and a violation of the law in this respect may entail a forfeit of \$1000. The report of this Committee was adopted, and the Committee was instructed to confer with the Public Health Committee of Congress, which was done on Friday. The draft of a bill was read, and the members of the Public Health Committee of Congress expressed themselves as in harmony with the principles of the bill. It seemed to be the general opinion that either the bill submitted, or an approaching to it, would become law during the present session of Congress.

The Committee on State Action reported favorably as to harmonious action among several States of the Union in reference to the cholera.

The Committee on Municipal Action submitted a very practical report containing important recommendations, recommendations, however, which have been made again and again by our Provincial Board of Health, the Medical Health Officer of Toronto, and other sanitary officers.

Beside the work of the Committees, there were received the reports from the several States and cities represented. These sanitary reports varied in character. Some were lengthy, some short; some written, and some verbal—all more or less interesting and useful. One particularly, by Dr. Raymond, Health Commissioner of Brooklyn, was very valuable; also

one by Dr. Smith, Health Officer of the port of New York; and one by Dr. Sternberg U.S.A. Dr. Raymond's report related more particularly to municipal hygiene as exemplified in Brooklyn, N.Y. Dr. Smith's was on "Quarantine and Maritime Sanitary Regulations," in which he showed the failure of the regulations now in force to prevent the introduction of contagious diseases into the country. Dr. Sternberg's related to Disinfectants and the comparative value of those in common use. These reports led to discussions more or less interesting.

Dr. Reeves, of West Virginia, offered a resolution to form an International Committee of nine, or more members, appointed by the leading maritime nations, whose duty shall be to supervise the medical and sanitary interests of passengers on the high seas, and to decide upon the qualifications of medical officers intrusted with their care, to be referred to the Secretary of State. This resolution was adopted.

The Conference, by appointment, called at the White House, and were introduced by Secretary Freylinghuysen to President Arthur. The President assured the Conference of his deep interest in the matter which had called them together, and expressed his intention of doing what he could to accomplish any purpose the Conference might decide was for the interests of the country.

Dr. Billings, Surgeon-General, invited the members of the Conference to see the Army Medical Museum, where he had on exhibition specimens of cholera bacillus recently received from Dr. Koch.

While at Washington the Canadian delegates were kindly invited by Dr. Sternberg to visit and inspect his work of investigation now proceeding at the Johns Hopkins University at Baltimore; also by Dr. Raymond, of Brooklyn, and Dr. Smith, Quarantine Officer at the port of New York, consequently one day was spent at Baltimore by Drs. Covernton, Montizambert, and Canniff. Dr. Sternberg is not only a man of science, but as well one of hospitality, which was much appreciated. The Johns Hopkins University has already acquired considerable distinction as a scientific institution, and bids fair to be almost unequalled in the world. It

consists of a series of buildings, each being devoted to a particular branch of study and investigation. Shortly after nine we met Dr. Sternberg in the Biological Department. He has been engaged for some time in a series of experiments to ascertain the relative vitality of different forms of bacteria. Being the author of a work on Micro-Organisms, the second edition of which will shortly appear, he is amply qualified for the work he has in hand. Dr. Sternberg kindly exhibited to his visitors the several steps taken in his investigations. He took a piece of common glass tubing and proceeded by means of a spirit lamp and blast pipe to form a receptacle in which can be preserved air-tight the various preparations with which he is experimenting. Instead of the tubes sealed, such as used by Pasteur and other Europeans engaged in similar work, he forms a glass bulb with a stem or pipe, which by means of heat he draws out to a fine point, and which by the same means he can easily seal up. Into this bulb he draws also by means of heat exhausting the air a quantity of fluid, perhaps water, which he has distilled himself, or some culture. He readily transfers from one glass to another as many drops as may be desired by breaking off the points with forceps and placing one pin-point within the other. In this way he can, and does with great dexterity, add to culture fluid any material he desires, and thus rapidly seals the stem. Dr. Sternberg is not only studying the vitality and general characteristics of the bacteria of infectious diseases, but is as well testing the potency of various disinfectants or germicides. He has also in view, after efficiency, the cheapest and safest agent which may be employed generally, the object being to provide a disinfectant for the public which will be at once rare, safe and cheap, so that it may come into general use. His investigations, however, are not yet completed; but certain very valuable conclusions have been arrived at. These are of practical importance. Dr. Sternberg will have his report ready by next April. But he very kindly gave his Canadian visitors the benefit of his discoveries for their personal use.

In the afternoon the Johns Hopkins Hospital

was visited. There are several buildings which connect by a corridor from the basement. The building to be used as an isolation hospital is unique. In fact, each room, for a single patient, is isolated from the others. The cost of this building is something wonderful; indeed all of the structures are arranged regardless of expense. They will not be completed for a year or more. The vast amount bequeathed by Johns Hopkins for the hospital is so placed that the capital cannot be touched, and the building proceeds as the income will permit. Dr. Billings is the designer of the hospital buildings. It remains to be seen whether the benefit derived will be commensurate with the very large expenditure.

Space will not permit to more than refer to the visit to the Health Commissioner of Brooklyn, Dr. Raymond. The kind attention given and valuable information received were greatly appreciated. Nor can the delightful visit to the Quarantine, in New York Bay, and the hospitality of Dr. Smith, with all the knowledge of his experience, be more than alluded to. Dr. Smith took in his steam yacht a party consisting of Dr. J. F. McFarland, Health Officer of Savannah, Ga., Dr. Raymond and the Canadian delegates, to see the various establishments in connection with the Quarantine, and explained his mode of inspection, isolation when necessary, disinfection and fumigation. Altogether, the visit among our neighbours was one of great interest and profit.

THE "PILES."

BY THOMAS W. POOLE, M.D., LINDSAY.

The piles! Aha! I know them well,
Each feature, though I may not see 'em;
Old foes, which fume, and fret and swell,
And vex and plague my perineum.

You blush at mention of a "pile,"
And would, perhaps, the theme avoid:
Well, then, suppose, to put on style,
We call the thing a hæmorrhoid.

Though bearing an ill-omened name,
It seemed as if they might not pain us,
When first, as visitors, they came,
And took up lodgings in the anus.

But now, at each succeeding bout,
The pelvic pains appear distincter,
And there can be no longer doubt
Of their relations with the sphincter.

You ask me, by what obvious sign
One may with certainty detect 'em.
Well, I can only say that mine
Are like a hornet in the rectum,

Which, having wandered from the way,
And angry at the situation,
Stings right and left while yet it may,
And tortures one in defecation.

"Avaunt! it is a vulgar rhyme."
Yet stay, there must be means to cure 'em:
Oh, yes! if you but give them time,
And meanwhile patiently endure 'em.

There are a thousand cures, you know,
All certain sure, as dead-shot candy;
'Tis well to buy a score or so,
And lay them by to have them handy.

And when the hornet's rage is spent,
And things assume their wonted quiet,
The cure,—though it may not prevent,
Will quickly quell the painful riot.
December, 1884.

Selections.

EXTRACTS FROM AMERICAN NOTES.

BY LAWSON TAIT, F.R.C.S.

. . . From Boston I passed on to Montreal, where began the series of engagements for the fulfilment of which my transatlantic visit had been arranged. The beauty of this city has been so often praised that it is useless for me to repeat the platitudes of my own impressions further than this, that in my memory there dwell above all others in prominence the recollections of three landscape views that I have ever seen: From the terrace at Malvern, from Arthur's Sea at Edinburgh, from the castle at Heidelberg, and last, but not least, from the hill at Montreal, from which extends a view all round and not surpassed by anything I ever saw. In Montreal I was the guest of Dr. Gardner, Professor of Gynecology in McGill

University, and it was my privilege to give an address to the Canada Medical Association, the annual meeting of which had been arranged to take place during the three days just preceding the meeting of the British Association. My business here, of course, is chiefly with what I saw, and not with what I said; but I wish again, here in my own land, to repeat my acknowledgments of the brilliant reception given to me by my Canadian brethren, not so much on my own account as for the position in which they placed me, that of a representative for the time being of British surgery.

During those three days I was associated with some three hundred practitioners of medicine. I heard a number of papers read with discussions upon them, and I say, without hesitation, that nothing which was said or done at that meeting but would have reflected credit on any medical gathering in the world. I often hear it said by practitioners in this country, whose lots are cast in places remote from the busy centres of life, that they find it difficult, or even impossible, to attend meetings of professional societies, and to keep themselves abreast with the growth of the science of medicine and surgery; but in that new country and at that Congress I found men eager and able to be present, though they had thousands, instead of scores, of miles to travel, and it was to me quite impossible to realize the fact that men who sat next to me, and who talked fluently and well of the most recent advances in pathology, who knew all the dodges and newest things in laryngology, etiology, and gynecology, practised in villages four, five, or even six days' travel from the place of meeting; that many of them existed in places still unmarked on the map, without any professional neighbor nearer than perhaps a hundred miles. Some of them were even professors in flourishing medical colleges, placed in large cities, which ten or twelve years ago had no existence. In the style, character, and conversation of these men, not only could nothing be detected which could mark them as being defective in general or professional culture and education, or which could place them in a rank lower than the practitioners of my own country, but I doubt very much if from the highest to the lowest in our own ranks we

were to take 250 or 300 of our men at random we could compare favorably with them.

Instances occurred every now and then to me of a most delightful kind, in coming across, suddenly and unexpectedly, faces familiar in college life many years ago—faces of which I had lost all recollection, and of the history of whose owners I had no knowledge at all; men who, tired of the struggles of medical life in the old country, had settled in the new world, and had become prosperous, happy, and successful. One unfailing source of wonderment, which no amount of explanation has yet made clear to me, is the much larger proportion of practitioners to the population which exists on the American continent compared to what we have here. In England we have about one doctor to 1,400 people; in Canada it seems to be about one to 800, and in the States it seems to be about one in 600 or 700; yet they seem to be better paid, to be less hardly worked, to be more prosperous and successful than we are here, and to be in a much better social position than we can boast of. The latter fact, most especially, struck me, and it was proved to me in a great variety of ways. But perhaps I cannot give this impression more clearly than by taking an extract from the speech of a Boston physician recorded at the time of the opening of the new medical school. He gives his impression, as it were, from the other side, and certainly there is a singular concurrence in our experiences. "Dining," he says, "with two Englishmen, a few years since—one an Oxford professor, the other the brother of a lord—I was surprised to hear the views on the social standing of the medical profession, and could not help contrasting their position here, where, if not all autocrats, they are all constitutional, and some of them hereditary, monarchs, accompanied by 'honor, love, obedience, troops of friends.'"

Another source of surprise was the large number of medical schools. Thus, in Montreal, a city of 140,000 inhabitants, there are no less than four of these schools—two Catholic and two Protestant—and, although there is only one of great importance, still all of them are well-officered and well-appointed, and, from what I could see of the results of their training,

I am unable to say that any of them can be charged with inefficiency. In Toronto there is a magnificent university, the president of which is the famous archæologist, Daniel Wilson, and two medical schools, the buildings of both of which I inspected with care, and I venture to say that they compare very favourably with the school in our own town, or indeed with any provincial medical school, as well as with a large number of our metropolitan schools. The tendency toward the downward competition which would otherwise be inevitable in medical education is prevented by the establishment of that which we most of all want in this country—a guarantee on the part of the State of a minimum amount of medical education. The only defect of this State control, so far as I could understand it in Canada, is that all the provinces are not agreed as to what this minimum shall be, yet each province seems quite capable of protecting its own interests.

Of the hospitals of Canada I can say nothing but what is favourable. Dr. Hingston, the distinguished surgeon of l'Hôtel Dieu, and others, took great trouble to show me all their details. Their appointments are equal in every respect, and in some respects are far superior to those to be seen in any but the newest hospitals in this country. I spent a long afternoon in the hospital in Toronto, and I saw there the results of surgical work as brilliant as any to be found in Great Britain.

Unfortunately, the time of my visit to Canada was such that the schools had not reopened for the winter session, so that I saw nothing of them in actual work.—*Birmingham Medical Review.*

PALATABLE PRESCRIPTIONS.

Dr. John. L. Davis suggests the following as eligible formulæ for the prescription of certain drugs that are disagreeable or nauseous in taste:

1. BITTER DRUGS.—The type of these is found among the cinchona bark alkaloids. The best formula for masking quinine he gives as follows:

R Quinæ sulphatis 3 ss.
Tr. aurant. cort. recent.... 3 ij.
Ext. glycyrrhizæ fl. 3 vj.
Syr. simplicis..... 3 j ℥.

He also commends the "tasteless cinchona" combination, suggested some years ago by Dr. Ashurst, viz:

R Cinchoniz gr. j.
Sach. lactis grs. iv.
Sodæ bicarb gr. 1-10.

The cinchona alkaloids and their salts may be given also advantageously in elixir of taraxicum. Finally, it may be said of these as of all disagreeable medicines, that if taken very cold, or if a piece of ice be taken into the mouth immediately before the medicine, the unpleasant taste will be less marked.

SALTY AND METALLIC DRUGS.—A large class of unpalatable drugs is included under this head.

R Potassii iodidi 3 ij.
Tr. aurant. cort. recent.... 3 ij.
Ext. glycyrrhizæ fl. 3 j.
Syr. simplicis, q. s. ad 3 ij.

For this combination, of which each teaspoonful contains five grains. The same vehicle may be used for exhibiting the bromides.

Iodide, or bromide of potassium, or salicylic acid, may be given in milk, to the amount of ten grains to the ounce. He also refers to the method proposed by Dr. Seguin, of administering these remedies in slight alkaline carbonated water, either natural or artificial. Magnesium sulphate, which is so disagreeable to many people, may be given very pleasantly in the following formula:

R Magnes. sulph 3 ij.
Acidi sulph, gttss. v.
Glycerinæ
Aqua aa 3 j. ℥.

Half of this in a glass of water constitutes a very agreeable dose. A drop or two of mint makes it more palatable to some tastes.

ASTRINGENT DRUGS.—Tannin is a representative of this class of drugs. The disagreeable taste of these remedies may be materially improved by the addition of sugar of milk and aromatic powder. When alcohol is not objectionable, the following combination is recommended for the administration of salicylic acid:

R Acid salicylic..... grs. viij
 Spt. vin. gallici..... m. xl.
 Syr. acaciæ.....
 Syr. limonisaa m. x. ℥.

For the administration of chloral he recommends either glycerine alone, or a mixture of that with the fluid extract of liquorice.—*The Medical Summary.*

A correspondent in the *London Lancet* of September 27th writes that any one may be cured of stammering by simply making an audible note in expiration before each word. Stammerers can sing as easily as other persons. Jacky Broster, of Chester, who made a large fortune by curing stammering, simply made his pupils say *her* before each word beginning with a consonant.—*Medical and Surgical Rep.*

Professor Dujardin Beaumetz thus speaks respecting the treatment of Chronic Rheumatism and Gout:—

To sum up, then, when you are called to treat an attack of gout, you will first assure yourself of the integrity of the kidneys, then you will administer salicylate of soda in doses of from one to one and a half grammes, or, if you prefer, the tincture of colchicum seeds combined with quinine or strong tincture of aconite root. If, on the contrary, the kidneys are damaged, or if the heart seems to be degenerated, you will have to content yourselves with giving alkaline diluents and keeping the bowels open with saline purgatives; besides ensnathing the affected member with wadding, around which is placed oiled silk.

But it is not enough to combat the attack of gout, some thing must be done to prevent its return, and here we have many means at our command, both pharmaceutical and hygienic. Whatever theories may be admitted in explanation of uræmia, it is against this condition that all our efforts should be directed; here then is the place for the alkaline medication under all its forms. I will be more brief in the exposition of this part of my subject, because I have already, in a former lecture, spoken to you of the treatment of the uric acid diathesis. All the alkalies may be employed, soda as well as

potassa, but there is one that seems to me better than all the others, viz., "lithia," which Garrod recommends. I need hardly tell you that the dose of carbonate of lithia is seven or eight grains (fifty centigrammes) given at meal-time in carbonic acid water; the effervescent salts of lithia are good preparations. Benzoic acid and the benzoates have also been highly extolled, and combinations of benzoic acid with alkalies are in use, such as the double benzoate of soda and lithia, which is an excellent preparation. By the side of the alkaline medication, certain tonics and stomachics deserve a place, being much in repute. These are principally bitter preparations furnished by our indigenous flora, constituting antiarthritic remedies more or less complex, such as (to name those most known) the "electuary of Sydenham" which I have before mentioned, and the famous remedy of the "Duke of Portland." These nostrums, once the subject of much discussion, have now happily passed into oblivion, and given place to quassia and cinchona bark, which are of some little efficacy in atonic gout.—*Phil. Med. News.*

LEMON-JUICE IN THE TREATMENT OF DIPHTHERIA.—Dr. Gartoyksi, of California, writes to the *Lancet* that he has long been accustomed to use fresh lemon-juice as the only remedy in the severest cases of diphtheria, a practice which he learned from the Chinese. The juice is drank either in the form of lemonade or in the clear state. No statistics are given, but the author speaks highly of the benefit derived from this simple treatment.—*N. Y. Medical Journal.*

EXTERNAL APPLICATIONS OF ETHER FOR VOMITING.—The *Paris Medical* credits Dr. Galcedan with this suggestion. In a case of obstinate vomiting during pregnancy, after every remedy had been tried in vain, he applied some ether directly to the skin of the epigastrium. The effect was surprising; the patient inspired deeply several times, and ceased vomiting at once. Whatever may be the explanation of its action, this mode of treatment is certainly worth an extended trial.—*N. Y. Medical Journal.*

TREATMENT OF INTESTINAL HÆMORRHAGE OF TYPHOID FEVER.—At a recent clinical lecture, Professor Da Costa exhibited specimens from a case of typhoid fever in which death had occurred from peritonitis, with three recent perforations of the bowel. The patient four days before his death had had a profuse intestinal hæmorrhage. The distinguished teacher took the opportunity of endorsing the ergot treatment of the hæmorrhage, but insisted upon the importance of following it up with decided doses of opium in order to prevent perforation or to limit its effects.—*Phil. Medical Times*.

A TOPICAL APPLICATION FOR WARTS.—M. Vigier, recommends the following formula:—

| | |
|---|---------------|
| Salicylic acid | 1.00 gramme. |
| Alcoholic extract of <i>Cannabis indica</i> | 0.50 “ |
| Alcohol | 1.00 “ |
| Ether | 2.50 grammes. |
| Flexible collodion | 5.00 “ |

[Substantially, the foregoing is a well-known application for corns, and a very efficient one.]—*N. Y. Medical Journal*.

The following summary of the beneficial effects of cocaine are given in the *Centralblatt für Klinische Medicine*. The author recommends it—

- (1) As a stimulant, if one wishes to do extra physical or mental work.
- (2) In gastric indigestion.
- (3) In the cachexie.
- (4) In combating the effects of morphine and alcohol.
- (5) In asthma.
- (6) As an aphrodisiac.
- (7) As a local anæsthetic.—*Lyon Medical*.

During the recent epidemic of cholera in France several cases are reported of recovery, after the injection into the veins of a solution of common salt. The injections were made during the stage of collapse, and judging from the histories given, one would conclude that the intra-venous injection was the means of saving life in many cases.—*Lyon Medical*.

Dr. Laurencin, of Lyons, in the *Lyon Medical*, relates several cases of hystero-epilepsy successfully treated by the hypodermic injection of the hydrochlorate of apomorphia.

DYSPEPSIA AND INDIGESTION.

The term dyspepsia is often used in a sense nearly or quite synonymous with the term indigestion. These two terms are defined in Dunglison's dictionary as equivalent. The French dictionary by Littré and Robin and the recent “Dictionnaire usuel” gives to each term a distinct definition. In the “Real Encyclopædie,” commenced in 1880 and completed in 1883, indigestion is not treated of as separate from dyspepsia, the former being considered as embraced in the latter.

The name dyspepsia, from its derivation, denotes an affection not necessarily involving indigestion. The name signifies difficulty of digestion. Now, digestion may be difficult, and attended by more or less suffering and disturbance of the nervous system, the digestive function, nevertheless, being duly and completely performed. Clinical observation shows that dyspepsia, in this sense of the term, occurs without indigestion, the latter term embracing the various forms of disordered digestion. Cases are of frequent occurrence in which symptoms arising from difficult, or, as we may say, labored digestion, are unattended by symptoms that denote any perversion or incompleteness of the digestive function. It may be said, and justly, that dyspepsia is often associated with indigestion, and that the latter can hardly exist without the former; but the point which I wish to make is, that the term dyspepsia denotes an affection distinct from, and irrespective of, indigestion, the latter term being considered as denoting an affection characterized by such symptoms as nausea, vomiting, flatulence, acidity, and diarrhœa—symptoms which show the digestive functions to be either perverted or incomplete. By late German writers the affection which it suffices to call dyspepsia is designated nervous or neurasthenic dyspepsia.—*Austin Flint, senr, in N. Y. Med. Journal*.

Sir William Gull was at one time Apothecaries' Assistant in Guy's Hospital.

ADVICE TO DYSPEPTICS.

Prof. Flint in his remarks on the dietetic treatment of dyspepsia, before the New York State Medical Association, says to dyspeptics : "Do not adopt the rule of eating only at stated periods—twice or thrice daily. Be governed in this respect by appetite ; eat whenever there is a desire for food. Eat in the evening, or at bedtime, if food is desired. Insomnia is often attributable to hunger. In the choice of articles of diet, be distrustful of past personal experience, and consider it to be a trustworthy rule that those articles will be most likely to be digested without inconvenience which are most acceptable to the palate. As far as practicable, let the articles of diet be made acceptable by good cooking ; as a rule, the better articles of food are cooked, the greater the comfort during digestion. Never leave the table with an unsatisfied appetite. Be in no haste to suppose that you are separated from the rest of mankind by dietetic idiosyncrasies, and be distrustful of the dogma that another man's meat is a poison to you. Do not undertake to estimate the amount of food which you take. In this respect different persons differ very widely, and there is no fixed standard of quantity which is not to be exceeded. Take animal and vegetable articles of diet in relative proportions as indicated by instinct. In the quantity of drink, follow nature's indication, namely, thirst. Experience shows abundantly that, with a view to comfortable digestion, there need be no restriction in the ingestion of fluids."—*N. Y. Medical Journal*.

Prof. Lasègue, of Paris, says :—It does not appear to me that the alimentary regimen deserves to occupy a very high position in the treatment of constipation. Certain articles of diet, it is true, such as stewed prunes, figs, bran or "Graham" bread have the reputation of ensuring regularity of the bowels. From my own observation I should say that fecal movements obtained in this way are obtained at the expense of a slight indigestion, and that if the laxative food has precipitated an evacuation and thus rendered a service, it has not been without a resulting irritation of the digestive tube which is in some degree harmful.—*Therapeutic Gazette*.

THE RATIONAL TREATMENT OF CHOREA.—Six years ago Dr. Van Bibber read a paper before the Medical and Chirurgical Faculty of Maryland upon a treatment of chorea. From that time it has been unnoticed either adversely or favorably. Having seen eighty-six cases of this disease within a year, and the treatment then suggested having been successfully carried out, including many cases which were becoming worse under the usual remedies, he submits a report of them. The treatment consists in putting the patient to bed, putting the muscles in the best position for rest and avoidance of those sources of irritation which would cause them to contract and produce that condition which it is desired to cure. Massage is to be thoroughly used three times a day. Massage will quiet the restlessness, which comes on in the afternoon, sooner and more permanently than any other means. All unnecessary talking to be avoided. Diet to be nourishing and abundant. The usual remedies can be given in addition, the patient being in the best possible condition to be favorably affected by them. The confinement to bed seldom extends over a month.—*Archives of Pædiatrics*.

"ON DEGLUTITION SOUNDS."

Dr. Meltzer continues previous observations with regard to the auscultation of the sounds of deglutition. A "pressing-through bruit" can be distinctly heard by applying the stethoscope to the angle formed by the xiphoid process of the sternum and the left costal arch. This bruit is never missing when the stomach is empty ; when the contents within the stomach accumulate this bruit becomes higher in pitch, and entirely disappears with a full stomach. The bruit can be heard all over the region of an empty stomach, and is therefore of diagnostic value in dilatatio ventriculi. This bruit is generally heard six seconds after swallowing. Another bruit in the same place, never noticed under normal conditions, can be distinctly heard in cases of phthisis with a tendency to vomit after severe coughing, in syphilis of old standing, and in some cases of diphtheritic and saturnine paralysis. This bruit—injection sound (Durchspritz-Geräusch)—is never heard at the

back of the thorax, and is seldom followed by the "pressing-through bruit" mentioned before. One receives the impression as if the total quantity of liquid gets injected all at once into the stomach, and this bruit is a certain sign of insufficiency in the cardiac end of the stomach. The administration of atropia in small doses effected a cessation of this bruit, and stopped the sickness and eructations. In normal states the cardiac end of the stomach is contracted and the food passes from the œsophagus through the cardia into the stomach by peristaltic action, hence the pressing-through sound; but in morbid conditions the cardia remains open and the food enters the stomach suddenly, is injected, in fact, into that cavity, and hence the "injection sound."—*Medical Chronicle*.

INUNCTIONS OF OIL IN FEVER.—Colrat reports, in *Lyon Medical*, a series of observations on children. In a number of cases of scarlet fever, small-pox, and broncho-pneumonia he has found the temperature lowered as much as two degrees by the use of oil inunctions. The decline begins immediately after the inunction, the temperature remains stationary for two hours, and then begins to rise again. The younger the child, says the reporter, the more pronounced is the fall of temperature. He noticed that a child who was previously restless and irritable would fall asleep at once after being rubbed. No special directions are given as to the method to be followed.—*N. Y. Medical Journal*.

JEQUIRITY.

Dr. Knapp reports ten cases and summarises his experience as follows:—

1. Jequirity cures trachoma more quickly, but less safely than other remedies.
2. Its action is highly beneficial in most cases, but neither uniform nor always controllable.
3. The cure of trachoma by jequirity, as by nature and other remedies, is accompanied by more or less atrophy of the conjunctiva and the formation of cicatricial tissue.
4. The greatest danger from the use of

jequirity consists in the occasional development of a severe diphtheritic conjunctivitis followed by pyorrhœa and more or less extensive destruction of the cornea.

5. The use of jequirity ought to be restricted to cases of old, intractable pannus, until cautious experimentation has determined the conditions under which we can obtain the benefit of this powerful remedy divested of its danger.—*Medical Chronicle*.

POMADE FOR DEAFNESS.—(Gruber.)

Veratrine 0. gr. 10 centigr.
 Metallie iodine 0. gr. 0.25 milligr.
 Iodide of potassium, 1. gr.
 Simple cerate 10. gr.

Mix carefully. For ten minutes, three times a day, rub a portion of the pomade as large as a pea into the mastoid apophysis. For cases of deafness due to exudation into the labyrinth, if the skin begins to redden, cease the application for a day or two.—*L'Union Méd.*

TREATMENT OF FRACTURES OF THE UPPER THIRD OF THE FEMUR BY POSITION.—In fractures of the upper third of the femur the superior fragment is directed outwards in the position of abduction, whilst the lower portion of the limb remains in the normal attitude. The resultant deformity and consequent shortening, M. Drethil proposes to overcome by placing the lower part of the leg also in the position of abduction. In three patients treated in this manner, and by extension, the shortening was from 1 centimetre to 1½ centimetres. Any of the ordinary apparatus may be employed, provided care is taken to keep the whole limb abducted.—*Le Prog. Méd.*

A NEW PROCEDURE IN PARACENTESIS THORACIS.

BY THOMAS F. ROCHESTER, M.D., BUFFALO, N.Y.

The following is one of Dr. Rochester's cases, reported at the meeting of the New York State Medical Association:

In September, 1883, I was invited by Dr. Seeley, of Attica, to see Mr. P., a well-to-do farmer, forty-five years of age. He had been

ill for three months. I found him sitting up—he could not lie down for dyspnoea; both legs and feet were much swollen; he had cough, with muco-purulent expectoration; had irregular chills and night-sweats; pulse 100 and irregular; no appetite; percussion resonance fair over entire posterior portion of chest; flat over anterior surface of right chest from second rib down, with bulging of intercostal spaces. Percussion resonance clear over left chest anteriorly, except over præcordial region; heart apex in sixth intercostal region and two inches to the left of a line drawn through the left nipple; auscultation posteriorly, respiratory murmur, with occasional bronchial râles distinct everywhere; anteriorly, bronchial respiration in right subclavian region as far as third rib; below that no respiratory sound whatever; puerile respiration marked in left lung.

Diagnosis: Sacculated empyema; a large and long hypodermic needle was passed between the fifth and sixth ribs, anteriorly, on the right side; the barrel of the syringe was filled with thick, white, inodorless pus; paracentesis was decided upon; a sharp-pointed bistoury was inserted close to the upper border of the sixth rib, and an incision two inches long was made in the intercostal space; a very slight purulent discharge followed. We now proceeded to insert a large drainage tube, but found it impossible on account of the close approximation of the ribs. These we tried to separate by various instruments, but in vain. I then examined the wound with the forefinger, and found that as I pressed firmly the ribs began to yield and separate, and then, to my great delight, the finger passed its whole length into the chest cavity, and, on its withdrawal, was followed by a copious discharge of purulent fluid. "Ah!" exclaimed Mr. P., with a gush of relief, "I would have given you five hundred dollars just now to take away your finger, and now, if I had it, I would give you as much for having put it in." Cod-liver oil, $\mathfrak{z}\text{j}$, with twenty drops of the muriated tincture of iron, three times daily, was prescribed—a favourite prescription of the writer in such cases. In about two months Mr. P. was entirely restored to health. The chest was twice washed out with warm water slightly carbolized.

SALICYLATE OF SODIUM IN ACUTE CYSTITIS.—Borgehold mentions, in the *Deutsche Medicinische Wochenschrift*, twenty cases of acute cystitis in which he produced good results by the internal administration of this drug. During the first three days of the treatment he gives half a gramme every two hours; for the succeeding eight days he gives the same quantity thrice daily. The writer asserts that with this method he is able to dispense entirely with irrigation of the bladder, and that in none of the cases thus treated has the disease become chronic.—*N. Y. Medical Journal*.

ACUTE INTESTINAL STRANGULATION AND CHRONIC INTESTINAL OBSTRUCTION.

Mr. Bryant in his first Harveian lecture says:—

By way of conclusion, I would lay down the following as rules of practice.

1. Laparotomy should be undertaken as soon as the diagnosis of acute intestinal strangulation is made. There should be no delay allowed for the formation of a specific diagnosis of its cause. It should likewise be proposed in all cases of acute intussusception, and of chronic, which have failed within three, or, at the most, four days, to be relieved by other treatment.

2. In all operations of laparotomy, it is to the cæcum that the surgeon should first advance, since it is from it he will obtain his best guide. If this be distended, he will at once know that the cause of obstruction is below; if it be found collapsed, or not tense, the obstruction must be above. Adhesions or bands, are, moreover, more frequently near to, or associated with, the cæcum, than with any other part of the intestinal tract. It is also in the right iliac fossa that the collapsed small intestine, in cases of acute strangulation, is usually to be found; and, with this as a starting point, the surgeon will have less difficulty in tracing up the intestine to the seat of strangulation than if he begins at a distended coil, when it will be a matter of chance whether he travels away from or towards the special object of his search—the seat of obstruction.

3. In a laparotomy, when the strangulated coil of bowel is gangrenous, it should be brought out of the wound, and the gangrenous knuckle resected. The proximal and distal ends of the resected bowel should then be stitched to the edges of the wound, and an artificial anus established.

4. Nélaton's operation of enterotomy should be undertaken in all cases of intestinal strangulation, when laparotomy is rejected or seems inapplicable, as well as in cases of intussusception in which the invaginated bowel cannot readily be released. It should be performed in the right groin, or, rather, right iliac fossa.

5. If laparotomy succeed, the cause which called for it is removed, and the normal action of the bowel is restored. If resorted to early, and as a rule of practice, it is probable that it would be more successful than the treatment, by opium, inflation, or purgatives, which has hitherto been in vogue.—*British Medical Jour.*

THE TREATMENT OF PUERPERAL SEPTICÆMIA.

Were I called upon to sum up the treatment of a declared undoubted case of puerperal septicæmia, marked by the usual symptoms of pulse of 120, temperature 105° or 106°, which would meet the requirements of our time, I should give it categorically thus:

1. Quiet all pain by morphine hypodermically.

2. Wash out the uterine cavity with antiseptics.

3. Lower the temperature at once below a hundred, not by the barbarous method of the cold bath, but by the far better one of the coil of running water.

4. Feed the patient upon milk and nothing else, unless some good reason exists for changing it.

5. Exclude from her room all except the nurse and doctor, keeping her as quiet as possible.—*Dr. Thomas, in N. Y. Med. Journal.*

ALCOHOLIC INJECTIONS IN UTERINE HÆMORRHAGE.—*Dr. Hapgood (British Medical Journal)* reports a severe case of uterine hæmorrhage

where the only remedy at hand was a bottle of whiskey. He promptly soaked a napkin in the whiskey, and introduced it into the uterine cavity, with the result of stopping the hæmorrhage. Encouraged by his success, he states, he has now used injections of alcohol in several similar cases, and with such good results that he recommends this treatment to the consideration of the profession.—*N. Y. Med. Journal*

TREATMENT OF PUERPERAL CONVULSIONS.

At the meeting of the New York State Medical Association, Dr. Darwin Colvin read a paper on Venesection in the Convulsions of Pregnant and Parturient Women.

The speaker based his remarks upon a combined experience of his father and himself extending over a total period of ninety-two years. Most of the cases recorded in his father's notebooks occurred at a time when chloroform was unknown and before albuminuria was heard of, while his own cases belonged to a later period, when anæsthetics were in daily use, bleeding was out of fashion, and the pathology of puerperal eclampsia was beginning to be better understood. In none of his father's cases did convulsions occur when venesection had been practised upon the appearance of threatening symptoms, and even in those in which convulsions had already occurred a prompt withdrawal of blood averted the fatal issue. When the writer himself began practice, chloroform was just coming into use, and he was anxious to make use of it in puerperal eclampsia. In a case seen with his father a convulsion had occurred, and consent was given reluctantly to make trial of the anæsthetic. This was done, but the convulsions were not averted, the patient grew worse and worse, until finally phlebotomy was insisted on. Thirty ounces of blood were removed, the convulsions did not again recur, and the patient recovered. The author related a number of cases occurring in his own practice in later years in which chloroform, chloral, the bromides, and opium were used persistently, but the patients continued to grow worse; but when, finally, venesection was with many misgivings resorted to, improvement

at once took place, and the lives of women were saved. In every case cathartics were given early, and the uterus was emptied of its contents as speedily as possible, yet no favorable change occurred until the blood-letting had been practised. Irregularity of the pulse was insisted upon as an imperative indication for the abstraction of blood. The author had never seen a fatal case, either in his father's practice or in his own, when venesection was practised, and he asserted that if this measure was resorted to before consciousness had been abolished the patient would not die of eclampsia. The lancet was the sheet-anchor in convulsions of pregnant and parturient women. The author laid down the following rules, which should be followed in every case of pregnancy: 1, Always see the patient at least two months before the completion of her term; 2, test the urine frequently; 3, if there is much persistent headache, open a vein and bleed until the headache is relieved; 4, warn the patient against indulging in an improper diet; 5, keep the bowels open; and 6, if the patient be seen for the first time at the beginning of labor, and convulsions are threatening, resort at once to venesection.

Dr. Moore, of Monroe County, had had somewhat less happy experience than the author of the paper, and he had seen cases that did not yield to blood-letting. He believed that the only real cure was to be obtained by eliminating from the blood the poison that occasioned the convulsions, and the way to do this was to produce abundant catharsis. He preferred for this purpose the saline cathartics. But the action of cathartics is not instantaneous, and in order to gain time it is necessary to avert the threatened convulsion by some ready means. Blood-letting will do this; but ether, not chloroform, will also do this and do it better. He always gave ether, in puerperal convulsions even, and especially, when there was unconsciousness with stertorous breathing. He gave plenty of it, and kept the patient profoundly under its influence, for hours if necessary, until the cathartic had produced a copious evacuation of the bowels.

Dr. Pomeroy, of Monroe County, related a case in which convulsions occurred again and again, in spite of the use of chloroform, and did

not cease until the bowels had acted thoroughly. He thought the lancet was useful in certain cases, but the thing of prime necessity was free catharsis.

Dr. Hovey maintained that the main thing to do in a case of puerperal eclampsia was to empty the uterus.

Dr. Thayer, of King's County, agreed with Dr. Moore as to the value of ether, but preferred *veratrum viride*. The treatment of convulsions by means of this agent was very extensively practised in Brooklyn, but the doses, to be effectual, must be large—a drachm of the tincture. This drug reduces the rapidity of the circulation speedily and permanently, and when the pulse is lowered the convulsions will cease. Drachm doses may be repeated every hour, according to the indications afforded by the pulse.

FRACTURE AT BASE OF ACETABULUM.

Dr. C. C. F. Gay, of Erie County, read a paper on Fracture of the Base of the Acetabulum, at the meeting of the New York State Medical Association.

It has been said that this fracture rarely occurs, and that when it does, it is due to a violent injury over the trochanter. But the object of the present paper was to show that it is of not so infrequent occurrence, and that it may be produced by comparatively slight causes. There may be a simple straight fracture, or the base of the acetabulum may be shattered and broken up along the lines of union of the original bones. The fracture may occur alone, or may be complicated with a fracture of the innominate bone, and the head of the femur may or may not be displaced. It may occur at any age. The author related a case seen by him in which the patient had fallen sixteen feet, striking on the right hip. Upon examination, under ether, there was found a slight eversion of the foot, with no shortening, and it was stated that crepitus was present. Extension of a few pounds' weight was applied and afforded relief to the severe pain complained of. The following day another examination was made, and the same signs observed, except that no crepitus could be obtained. Some days later

the limb was again examined. Soon after symptoms of septicæmia presented themselves, and the patient died. At the autopsy the joint was found filled with pus, which had found exit into the abdominal cavity. The base of the acetabulum was fractured in three directions, following the original lines of union of the bones. The only prominent symptom in fracture of the base of the acetabulum is severe and persistent pain, increased by movement or by pressure against the trochanter; there is no shortening, no deformity, and no crepitus. This accident, when there is no displacement of the head of the femur, is not fatal, nor even dangerous, provided the patient be let alone. It is the frequent manipulation and examination that causes the change. The management of a case of fracture of the base of the acetabulum consists simply in giving perfect rest to the joint. When fracture is suspected, the patient should be kept in bed with the limb resting in an easy position, and extension may be made or not, according to the amount of relief which it affords to the patient.—*N. Y. Med. Record.*

In Japan the extraction of teeth has reached a degree of perfection absolutely unknown in France, and I might say in Europe or America, where they have good schools of dentistry. The Japanese dentists do not overwhelm their victims by a display of the instruments of torture with which our artists draw their clients' bad teeth, not to mention the sound ones. It is with the thumb and index finger that the Japanese artist delicately withdraws you a molar or two. Naturally, great practice is required before arriving to such a degree of skilfulness. To obtain this the dentist pupil serves an apprenticeship to a master. For a long time he has to exercise himself in extracting bits of wood inserted in planks, loosely at first, but afterwards solidly fixed by hammer-strokes in oak wood. When the pupil can, at a single trial and without apparent effort, draw out one of these wooden teeth, any human jaw can be confided to his care, and no tooth, though fixed in a steel alcolus, can resist him. A skilful Japanese operator can in half a minute, and without moving his fingers from the victim's mouth, remove easily his half-dozen teeth.—*L'Union Méd.*

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TO SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

TORONTO, JANUARY, 1885.

SALUTATORY.

We have much pleasure in extending to all our readers a very cordial greeting, and wishing them many returns of this festive season. With this issue we commence the tenth volume of this publication, and we tender our most sincere thanks to our subscribers, many of whom have supported and assisted us most loyally during all these years. In speaking to our subscribers we are addressing a constituency which far exceeds in numbers that of any previous year, and now continues to grow at a very rapid rate. The greatly increased success which has attended our efforts under the present management is a matter of the highest satisfaction to us, and encourages us to put forth still greater exertions in the future to retain the sympathy and support of our patrons.

During the past year we have frequently had to regret the necessity which compelled us to abridge or reject many valuable original communications which were placed at our disposal; but the large amount of available material has enabled us to present an unusual number of articles of rare excellence. We have every reason to believe that the character of this department will continue to improve from year to year, and we will use every endeavour to encourage such improvement. In the general advancement of medical science and art, Canada is making very satisfactory progress. We were told by distinguished men from Great Britain, at the meeting of the Medical Association in Montreal, that the papers read and discussions thereon were highly creditable. There is every prospect that we will continue to advance, and

each succeeding year will show such advancement by the increased excellence of our original matter.

In making our selections from the vast number of journals received, we have to exercise the greatest care and consideration. We have made arrangements by which we will be able to give everything of interest to the general profession in all departments of medicine. This involves a large amount of labour, because we are compelled to abridge and rewrite a great deal that appears in our columns; but we do this very cheerfully for the benefit of our subscribers, in order that they may learn something about all subjects of interest. We will continue to keep our readers informed about those matters which practically concern our own country, while we will not omit to notice the more important events transpiring in other countries.

As will be seen by looking through our advertisements, their numbers have been recently greatly increased. Manufacturers of medicines, Faculties of Medical Schools, and other parties have discovered that moneys spent in our advertising pages are unusually well invested. We have been compelled to increase our rates to a certain extent, but not at all in proportion to the large increase in our circulation. We are unable to accept all advertisements offered to us, and, in fact, will insert none of a purely medical nature unless we are in a position to vouch for the respectability of the advertisers and the excellence of the things advertised. The days of the old atrociously bulky and nasty mixtures are numbered, and we are learning to appreciate more and more the importance of choosing those preparations which are palatable and small in bulk. We wish our readers to remember that our advertisements are always worthy of a careful perusal, and their presence in the *PRACTITIONER* involves a guarantee on our part that the statements of the advertisers are perfectly reliable.

We are always mindful of the fact that our success depends largely on the kind assistance of our friends, and we venture to ask for a continuance of that cordial support and active sympathy which has been so generously extended to us in the past.

THE WASHINGTON INTERNATIONAL MEDICAL CONGRESS.

As our readers will doubtless remember, the next, or ninth, International Medical Congress is to be held in Washington in 1887. The Committee of Organization met in Washington, November 29th, and elected the following officers who, it is expected, will hold the same positions in the Congress:—

President—Dr. Austin Flint, sen., of New York.

Vice-Presidents—Dr. Alfred Stille, of Philadelphia; Dr. Henry I. Bowditch, of Boston; Dr. R. P. Howard, of Montreal, Canada.

Secretary-General—Dr. J. S. Billings, U. S. Army.

Treasurer—Dr. J. M. Brown, U. S. Navy.

The Executive Committee will consist of the President, Secretary, Treasurer (*ex-officio*); Dr. I. Minis Hays, of Philadelphia; Dr. A. Jacobi, of New York; Dr. Christopher Johnston, of Baltimore; and Dr. S. C. Busey, of Washington.

The work of Congress will be divided into 18 sections, viz.: 1. Medical Education; 2. Anatomy; 3. Physiology; 4. Pathology; 5. Medicine; 6. Surgery; 7. Obstetrics; 8. Gynecology; 9. Ophthalmology; 10. Otology; 11. Dermatology and Syphilis; 12. Nervous Diseases and Psychiatry; 13. Laryngology; 14. Public and International Hygiene; 15. Collective Investigation, Nomenclature, and Vital Statistics; 16. Military and Naval Surgery and Medicine; 17. Experimental Therapeutics and Pharmacology; 18. Diseases of Children.

The general meetings will be reserved for the transaction of the general business and for addresses of scientific interest more general than those given in the sections.

Notices of papers to be read, with abstracts of the same, must be sent to Secretaries of Sections before April 30th, 1887. Such papers after being read are to be handed to the Secretaries.

The official languages will be English, French, and German. Each paper or address will appear in the *Transactions* in the language in which it was delivered by the author, but the debates will be printed in English: at the same

time the Executive Committee have the right to choose the papers for publication.

The Chairmen and Secretaries of Sections will be elected hereafter, and we can only hope the choice will be as eminently satisfactory as that of the principal and executive officers has been.

THE PARASITIC ORIGIN OF GONORRHOEA.

The history of scientific research into the subject is very interesting. Neisser first demonstrated the presence of micrococci, which he claimed were peculiar to the fluid of gonorrhœa. Steinberg has since shown that these are the same as the micrococcus of Cohn, and that this ordinary bacteria may develop, under special conditions, into the pathogenic micrococcus of gonorrhœa. Dr. Amies has found the same bacteria to exist in the fluid of urethritis, provoked by purely artificial means. He has, however, found this difference, that in non-specific urethritis the micrococci are not nearly so numerous as in gonorrhœa, and argues from this that the specific character of gonorrhœal pus is acquired through this enormous increase of bacteria. He has also found that in simple vaginitis they exist in small numbers, whereas in the specific form they are found in great numbers.

The contagiousness, then, of the pus does not depend on the mere presence of this micrococcus, but on their very greatly increased numbers.

GASTON'S OPERATION.

In the October number of *Gaillard's Medical Journal*, Dr. Gaston, of Atlanta, Georgia, describes a new operation for obstructions in the gall-duct, which he thinks preferable to cholecystotomy. The object of the latter operation is to establish a fistulous discharge of the bile externally in case of closure of duodenal end of common duct. Fatal results have generally followed this procedure. It is contended that it never can be permanently successful, since the outward discharge of the bile would so destroy or impair nutrition as to make death inevitable sooner or later. Gaston conceived

the idea of making a fistulous opening, not through the abdominal walls with an external discharge, but through the walls of the duct and the adjacent duodenum, the bile being thereby still passed into the intestines. This operation, practised on dogs, has been successful in Dr. Gaston's hands.

THE NEW YORK STATE MEDICAL ASSOCIATION.

We are pleased to be informed of the successful inaugural meeting of the New York State Medical Association. It will be remembered that last year a division took place in the old State Society on the subject of medical ethics. The majority were in favor of what they termed greater freedom in the rules laid down for consultation, but which really meant freedom to consult with homœopaths and other irregulars. The minority remained true to the old code, separated themselves from the Society, and have now successfully formed a new Association.

The inaugural meeting took place in New York city, and the opening address was delivered by Dr. Didama. A large amount of solid work has already been done, and a project for the formation of a library and reading-room commenced.

We are heartily glad to hear of the success of this Association, and wish for it a prosperous career. We have never had the slightest sympathy with the so-called progressive men of New York city who commenced the movement to revise the old code. We hold that it is absolutely impossible for any man to consult regularly and systematically with homœopaths and retain his place in the profession as an honest, straightforward man. If he believes the dogma, let him practise it; if not, how can he honestly countenance it?

DR. BANTOCK AND MR. THORNTON.

The latest contribution to the correspondence between the English Abdominal Surgeons is from Dr. Geo. Granville Bantock, who replies to some observations recently made by Mr. Knowsley Thornton. In this letter, which was

published in the December number of the *American Journal of Obstetrics*, Dr. Bantock accuses Mr. Thornton of wilful misrepresentation in his references to Dr. B.'s public statements, and considers that Mr. Thornton is acting contrary to all precedent in quoting, without permission, the records of unpublished cases of his colleague in the Samaritan Hospital. We fear there is an absence of brotherly love existing between these two distinguished surgeons, who are working in the same hospital. Is it possible that Bantock has gone over to the enemy, Lawson Tait, the man from Birmingham, to whom Knowsley Thornton is not fondly attached?

HORSFORD'S ACID PHOSPHATES.—This preparation has now for some years been so favourably known to the profession, that any commendation by us might appear superfluous. We have used it somewhat extensively during the last few months, and have been very much impressed by its great value in cases of neurasthenia from whatever cause. It is palatable, and can be easily combined with other remedies. There is no doubt but that it is an excellent nerve tonic.

We notice with regret the death of Dr. Mahomed, formerly secretary of the General Committee of the British Medical Association on the Collective Investigation of Disease. He was a rising physician, and one who, although still young, had made a reputation in scientific investigation. We have a very distinct recollection of his striking figure and animated mode of speaking in the British Medical Association. His principal work was on the sphygmograph; but he has also written on many other medical topics.

BACILLUS OF SYPHILIS.

Dr. Lustgarten, assistant in the Skin Clinic at Vienna, has discovered what he claims to be the bacillus of syphilis. It resembles, to some extent, the bacillus of tuberculosis, but differs from it in that it is always found within the cells. Koch examined the specimens and found that they differed morphologically from the

bacteria of tuberculosis. Experiments in cultivation and inoculation must first be made before much credence will be given to the discovery. It would be interesting to enumerate the various bacteria of syphilis which have appeared and vanished from the field of pathological research.

OIL OF WINTERGREEN IN RHEUMATISM.

Dr. Seelye reports results of treatment in 118 cases of rheumatism with oil of gaultheria, in the *New York Medical Journal*. He says the medicine may be given in capsules alone or with salicylate of sodium or in soda water. The most common method used in acute cases was by the following formula:

R. Ol. Gaultheriæ ℥xx
Glycerin
Aq āāʒi

Give this dose every two hours during day, and every three hours during night.

By this treatment pain and swelling generally left joints in twenty-four hours. Before, or by this time the patient would generally complain of some ringing in the ears and deafness, similar to that produced by large doses of quinine, but probably not so marked. The dose was then diminished, and only one drachm given every three or four hours. The symptoms caused by the remedy were more severe in those accustomed to alcoholic liquors—delirium sometimes supervening.

This treatment, it is claimed, will speedily cure in 85 p. c. of cases; and, by actual comparison, has been found more efficacious than that with the sodium salicylate.

Dr. Crocker, in an article in the recent number of *Brain*, headed, "Lesions of the Nervous System etologically related to Cutaneous Disease," gives the result of an investigation of the published records of a large number of cases in whom nerve lesions were followed by lesions of the skin. Among others he mentions three cases—two related by Schwumner and one by Dr. Meyer, of Strasbourg—in whom bullous eruptions were caused by a sclerosed condition

of the columns of Gall. In these cases detailed histories were given, and the *post mortem* examinations were carefully made—a circumstance which gives them greater weight. Dr. Crocker concludes his article with the following statements, the results of his investigation:—

“(1). That less serious consequences ensue from cutting off nervous supply than from irritant, or inflammatory lesions of the parts of the nervous system that affect the skin.

“(2). That the kind of eruption produced by the nervous system varies greatly, often without any evident reason, when the nervous defect is apparently the same in place and kind.

“(3). That the same eruption may owe its origin to any defective link in the nervous chain from the centre to the periphery.

“(4). That the same kind of nervous lesion that at one time appears to excite an eruption or other nutritive defect in the skin, even more frequently produces no change in the skin whatever.”

We take great pleasure in directing the attention of the profession to the new preparation of Reed & Carnick, “Peptonized cod-liver oil and milk.” We have prescribed it for several patients who suffered from the indigestion of phthisis, and found that they could take it very well, and with great benefit to their general health. It is very palatable, and ought to be very nutritious. The taste of the oil is almost completely disguised.

TUMOUR OF THE CORPUS CALLOSUM.

In the October number of *Brain* Dr. Britton has written an able article on cases of tumour of the corpus callosum. The history and *post mortem* appearances of these cases are given. The progress of the disease he describes as follows: First, the occurrence of headache and other somewhat vague symptoms of progressive cerebral disease. Second, the gradual onset of more or less well-marked hemiplegia. Third, the appearance, in a greater or less degree, of similar symptoms on the opposite side of the body. Fourth, the coming on of dementia, with drowsiness, loss of speech, difficulty in

swallowing, and want of control of the rectum and bladder. Many other symptoms, of course, may occur, depending upon the condition of parts near the corpus callosum.

THE WESTERN UNIVERSITY.

The second Annual Dinner of the Medical Department of this University was held in London on the evening of December the 15th. There were upwards of seventy guests; many of the leading physicians of western Ontario being present. Mr. W. J. Mitchell occupied the chair. The speeches were excellent. The toast of “The Learned Professions,” was replied to by Rev. Dr. Elliott, Rev. D. G. Sutherland, and Drs. Worthington, Smith, Wilson, and Sutton. Drs. Eccles, Moore, and Fraser responded in a happy manner for “The Faculty.”

Mr. L. L. Hooper, of Toronto School of Medicine, in a speech which was not surpassed for originality during the evening, and Mr. Graham, of Trinity Medical School, replied in appropriate terms to the toast of “Sister Institutions.”

Drs. Bray, Campbell, Edwards, and Tye, spoke for the College of Physicians and Surgeons of Ontario; and Drs. Waugh, Fraser, McLean, Jones, and McGuigan championed the “Ladies.”

THE SOUTHERN PLAGUE.

At the recent meeting of the State Boards of Health at Washington, Dr. McCormack read a preliminary report of the results of an investigation into the causes of the epidemic which has recently been present in Kentucky. The total number of deaths did not exceed 225. He stated that the disease was epidemic dysentery, caused by drinking stagnant water containing malarial poison. He discredited the theory of mineral-poisoned water.

PRESENTATION TO A MEDICAL SOCIETY.

The Medico Chirurgical Society, of Montreal, was, a few days since, made the recipient of a very handsome oil painting, which will doubtless add to the appearance of their already very attractive rooms.

The generous donor was the well-known physician and anthropologist, Dr. Egerton Y. Davis. The doctor, by birth, it appears, a Canadian, revisited his native country during the session of the British Association in Montreal in August last. He has forwarded this picture to the profession of Montreal as a mark of the high esteem in which he holds its members, as well as of his grateful appreciation of the kindly reception accorded to him.

CATCHING COLD.—Prof. Austin Flint objects to the expression “catching cold,” and all it implies; and yet we cannot but think that many diseases are produced by exposure to cold, and in such cases the *modus operandi* is not hard to explain. It will be hard to put aside the popular idea that we do *catch* cold, unless we adopt the view that the cold *catches* us.

THE “ANNALS OF SURGERY.”—It was a matter for deep regret when publication of the “Annals of Anatomy and Surgery” was suspended. We are pleased to know that a sort of successor is to appear under the joint editorship of Dr. L. S. Pilcher, of Brooklyn, and Mr. C. B. Keetley, of London. It will be a monthly journal, the first issue being dated January, 1885. From the names of the editors with their collaborators, and the character of their former publications, we will expect something of unusual merit.

THE IMPROVED AMERICAN POCKET BATTERY.—We have used this battery now for some weeks and can confidently recommend it. The construction of the instrument is simple. It can be conveniently carried, and can easily be kept clean and in good order. It is sufficiently powerful for all cases for whom the Faradic current is useful. Lyman & Co., Montreal and Toronto, are the sole Canadian agents.

Mrs. O'Reilly, relict of the late Dr. Gerald O'Reilly, of Hamilton, died suddenly, December 19th. Among her surviving sons are Dr. Chas. O'Reilly, Superintendent of the Toronto General Hospital; Dr. Gerald O'Reilly, of Fergus; and Dr. Edward O'Reilly, Surgeon of the steamer *Peruvian*.

Hospital Notes.

TORONTO GENERAL HOSPITAL

PELVIC ABSCESS WITH TUBERCULAR PERITONITIS.

Under the care of Dr. McFARLANE.

(Report kindly furnished by Dr. H. Bascom, of the Resident Staff.)

Patient, A. B., age 19 years. Entered General Hospital, Toronto, October 24th, 1884.

Family history: Father living and enjoying good health. Mother had her elbow joint excised, and subsequently the arm amputated, in a London, Eng., hospital. Three or four years previous to her death (which took place at the age of 32) she had an abscess in the region of the hip, which was opened and a constant discharge continued till her demise. She had a similar abscess in the left thigh. During the two years preceding her death she was bedridden.

Other members of the family are younger than patient, and apparently healthy.

Occupation, general housework for a farmer's family.

Previous history: Since February last, had felt unable to go about her duties. At that date she experienced an acute pain in right lumbar region which, however, was of short duration and did not recur. Absence of pain was a marked feature of the case. On several occasions she expectorated mucous tinged with blood. Did not menstruate since May 18th last. Her weight diminished twenty pounds since last winter. Two months ago she noticed a hard lump in left iliac region, painless and, as far as she could judge, undergoing no increase in size.

Condition at the time of admission to the Hospital.—Pulse, 120; temperature, 98½; bowels, costive; a little cough in the morning with expectoration of mucus; a hardness could be felt in the left iliac region which extended upwards about three inches and inwards about three inches beyond the median line. Upon examination per vaginam, the cervix could be felt surrounded by a hard ring. A distinct swelling could be made out between the uterus and rectum, and was thought to fluctuate. The aspirator was used, and a small quantity of pus was drawn into the bottle. Owing to the con-

sistency of the fluid a bistoury was used and more pus evacuated. The cavity was washed out according to instructions every four hours with carbolic acid solution. During the second syringing the patient suddenly manifested signs of collapse, and it was feared she would die; her pulse became small and quick, respirations gasping. Ammonia friction, artificial respiration, and hypodermics of ether rallied her to the extent that in four hours she became conscious, with a much-improved pulse and respiring very well. This continued for twelve hours, when alarming symptoms again manifested themselves and in a short time she died.

Post-mortem by Dr. Teskey.—In opening the abdomen the sub-peritoneal tissue in the lower part of its wall extending from the umbilicus to the uterus was found to be the seat of an unusual thickening or growth, apparently of tuberculous character, being about one inch in thickness below and gradually thinning off to the umbilicus, thus accounting for the hardness felt in that region during life. The peritoneal surfaces were extensively affected with tubercular peritonitis, the viscera being firmly adherent to each other and to the walls of the abdomen. Lung tissue was generally of a bright red colour. Miliary tubercle was found to be largely disseminated throughout the lungs, especially the right. An infarctus which had undergone softening, was found in the upper lobe of right, also one more extensive and more recent towards the base of the same lung; and upon dissecting the pulmonary artery supplying this region it was found to contain an extensive thrombus. The liver was normal in size, but likewise contained recent tubercle. Kidneys healthy. Uterus was small, being only about one and a half inches in its long diameter, but healthy in appearance. The fallopian tube of the right side was distended to about three-eighths of an inch in transverse diameter, very tortuous, and containing a large amount of whitish, cheesy-looking substance, apparently the accumulated products of the lining of the tube due to obstruction at its opening into the uterus. Brain could not be examined.

Kingston Women's Medical College showed a balance of \$287 at the end of the first year.

Correspondence.

EXTRACTS FROM A VIENNA LETTER.

. . . I spent some time, as you perhaps know, in the city of Würzburg, and, though my time was not lost there, still I should have profited more had I come directly to Vienna. It has quite an active university scientifically, many celebrated men have taught in Würzburg. Gerhardt, Michel and Kölliker are lecturers there at present. Maas, the surgeon, uses corrosive sublimate as a disinfecting agent, almost to the exclusion of everything else. His belief in it is founded principally on the experiments of Koch, who found this agent to be the most deadly poison for bacteria. . . . In the eye clinic they seek for the gonorrhœa cocci in all cases of opthal, neonat, and in very many instances find them. The following experiment was made. The cocci were cultivated for two or three generations, and then a syringe of the cultivated cocci was injected into the urethra of a man, and it was found not to give rise to a gonorrhœa. . . . Maas in his youth was a corps student, and bears two marks at least of his encounters with fellow-students. One wound is a transverse rupture of the right biceps, from muscular action in delivering a sword cut—the other is the loss of the end of his nose. He is of the Hebrew race, and this fact gave rise to the joke, by one of the Americans, that he cut off his nose to mend his foreskin! . . . The gross pathology is excellent in Vienna on account of the large amount which they have. Kaposi showed a case of favus of the stomach, at the last meeting of the Society of Physicians. The patient suffered from favus of the scalp, and died from uncontrollable diarrhœa. At the *post mortem* large patches of favus were found in the stomach. This is the first case of the kind ever reported. . . . While in Würzburg I had the good fortune to see a case of myelitis ossificans which they have in the hospital. I believe the case has been reported by an American from New York. D. M.

General Gordon suffers severely from angina pectoris.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

Nov. 13th, 1884.

The President, Dr. Reeve, in the chair.

Dr. H. Wilberforce Aikins, of Jarvis street, was duly elected to membership.

Dr. Ross presented a patient suffering from the abortive form of anæsthetic leprosy, the case to be fully reported on at the next meeting of the Society.

Dr. A. H. Wright presented several enlarged glands, which he had removed from Annie C., aged 5. She was first seen as an out-patient at Toronto General Hospital in July, 1884. Some phthisis on mother's side. Mother said lumps had been forming in child's neck some months.

Examination showed enlargement of the glands on left side of neck, extending down to clavicle. One large mass under jaw reaching from lobe of ear nearly to median line.

Constitutional treatment in the shape of cod liver oil, syrup of the iodide of iron, and arsenic with external applications of equal parts of glycerine and compound solution of iodine, continued for some time.

Came to hospital in September. Lumps increased in size. Sometimes temperature rose to 102° or 103°. At other times child fairly well.

Operation Oct. 15th. Large mass removed, together with six or eight smaller lumps. The attachments to surrounding connection tissues were firm, and considerable trouble was encountered in their removal. They weighed five ounces. Antiseptic precautions with spray used. Healed readily. Very small cicatrix left. Child went away from hospital Nov. 1 not much, if any, improved. Temperature still high at times. Appetite poor. Feels ill. At other times appears fairly well. Operation did apparently no good, as far as general symptoms were concerned.

Question—Is it advisable to remove these enlarged glands, when not sarcomatous, before pressure of large mass on surrounding parts makes it necessary? When they are likely to break down, their early removal may prevent

the serious drain likely to ensue from long continued suppuration. Under antiseptic precautions the operation is more safe than it was formerly, but it is occasionally very tedious. As a rule the results are not particularly encouraging, when constitutional treatment fails to effect any improvement.

OVARIAN CYST

Dr. A. H. Wright then presented a second specimen, one of ovarian tumor, on which he had operated. Its cavity was lined with papillomatous growth. Dr. Teskey demonstrated the specimen to the Society, and showed several sections under the microscope. History of the case:—

Mrs. X, aged 37, admitted to Toronto General Hospital, October 11th. Married 15 years ago; two children, youngest twelve years old. Nothing special in family history.

Was always well until about five years ago when she first complained of weakness, which gradually increased. About two years ago she first noticed enlargement in the lower part of abdomen. Became very weak and had difficulty in breathing. Has only menstruated twice since swelling was first observed, the last time being about a year ago. Was tapped in December last—twelve quarts evacuated, much relieved for a time. Was tapped three times since—the last time being about five weeks ago. Colour of fluid said to have been yellow.

On admission much emaciated—looked old—pulse 110 to 120—abdomen enlarged. Examination showed a large, apparently thin-walled cyst with a considerable fluid in peritoneal cavity. Os uteri high, sound passed 3½ inches, fundus to front and moved independently of cyst. Per rectum something could be felt on each side of uterus rather nodular in character. Urine—quantity normal, sp. gr. 1011, acid, traces of albumen, a little pus, no sugar.

At a consultation of staff it was thought to be an ovarian cyst, with some probability of malignancy, and, notwithstanding the unfavorable condition of patient, abdominal section was advised as giving the patient the only possible chance.

Operation October 20th, with Listerian precautions. Two or three quarts of yellow fluid

in peritoneal cavity. Cyst looked like ovarian cyst on right side. When tapped about eight quarts of yellow fluid escaped. A few small secondary cysts were broken up, and there remained one about the size of a hen's egg. Papillomatous growths were found lining interior of cyst-walls. Cyst apparently adherent to whole side of uterus. Bladder stretched upwards, adherent to anterior surface of uterus, and a papillomatous growth existed at junction of the two at upper border of bladder. Neoplasm also growing from left ovary. As it was found impossible to remove cyst without enucleating it, or to remove uterus with cyst on account of the bladder adhesion, it was decided to unite edges of opening in cyst to edges of opening in abdominal wall at its lower part, and a drainage tube was introduced. A tube was also left in peritoneal cavity. A single sponge was placed over opening of two tubes, but on third day a sponge was placed over each. Dressed under spray night and morning. Sponge over cyst tube fairly saturated with yellow fluid, other sponge fairly dry. Tube in peritoneal cavity was probably not required. Temperature, $99\frac{1}{2}$ night after operation, pulse 130; third day temperature normal, pulse 112. Appeared very well. There had been no pain, no vomiting, no medicine given. Craved for more food than was allowed her, as she had done before operation. Fourth day began to sink, pulse rapid and weak. Died fifth day, p.m.

At post mortem examination, by Dr. Teskey, no evidences of peritonitis were found. Kidneys very small, and pelvis enormously dilated. Abdominal wound perfectly united.

Dr. Grassett then showed a necrosed tibia, which he had removed.

Dr. Cameron presented a myo-fibroma, which Dr. U. Ogden had removed by abdominal section. The patient was a white woman, twenty-four years of age.

The President showed two small fragments of iron removed from the fundus of the eye by means of the electro-magnet. Both patients were first seen, and were operated upon, the day after the accident. In the first case there was already infiltration of the cornea, and indications of puro-lymph within the globe. In

the second, there was well-marked hypopion. The bad state of the eyes so early as twenty-four hours after receipt of injury, not unlikely due to septic material on the foreign particles, led to an unfavorable prognosis, which was unfortunately confirmed, enucleation being required for relief of ensuing panophthalmitis.

OVARIAN TUMOR.

Dr. Machell presented an ovarian cyst which he had removed. The history of the case is as follows:

Mrs. G., aged 60 years, first noticed unusual enlargement of abdomen in early part of April last. She continued to increase steadily in size up to the middle of September, when she measured thirty-eight inches at the umbilicus. Up to this time she was able to go about doing most of her work. During the first week in October she had more or less diarrhoea, and continued to suffer from it occasionally up to the time of operation. The diagnosis of ovarian cyst of right side was made. I removed the cyst, the contents of which with a little ascetic fluid measured between five and six gallons. The cyst wall was dark in colour, rather friable; quite thick in one part close to the pedicle, and very thin in other parts. On the thickened part were scattered several papillary bodies suggestive of malignant disease. Some of these little growths were also seen on the peritoneum, which was considerably inflamed, covering the intestines. The pedicle was tied with Tait's knot, and dropped back into the abdominal cavity. The left ovary, having one or two very small cysts in it, was also removed. There were very few adhesions, and very little bleeding. The abdominal cavity having been well sponged out, a long perforated drainage tube was fastened into the lower end of the wound, which was closed by seven sutures. Borated absorbent cotton was placed over the tube and wound.

For twenty-four hours she was given absolutely nothing by the mouth—afterwards, a mouthful or two of tepid water flavored with brandy. At the end of twenty-four hours a teaspoonful of bloody serum was drawn up out of the tube with a syringe. In forty-eight hours it was replaced by a piece of rubber drainage tube. The catheter was used about every six

hours for three days, when she began to pass the urine herself. From the first she had not a bad symptom. The pulse and temperature reached their maximum height at the end of first twenty-four hours, when they were 112° and 99½° respectively. On the fourth day—the critical day, according to Lawson Tait—they were 102° and 99° at 10 a.m., their highest point. Rubber tube removed on the fourth day, half the stitches on the 6th, and the remainder on the following day. Got up for first time on 17th day, shortly after which the wound was healed up entirely.

Book Notices.

Electra. Edited by A. E. WILSON and J. M. LEYBURN, *Courier Journal* Building, Louisville, Ky.

The Dry Treatment of Chronic Suppurative Inflammation of the Middle Ear. By CHARLES J. LUNDY, A.M., M.D., Detroit.

The Relation of Micro-Organisms to Surgical Lesions. By HENRY O. MARCY, A.M., M.D., of Boston. Chicago: Review Printing Co, 1884.

Fifth Annual Report of the State Board of Health, Lunacy, and Charity, of Massachusetts. Boston: Wright & Potter Printing Co., 18 Post Office Square. 1884.

Medical Education. A paper read before the Philadelphia County Medical Society. By HENRY LEFFMANN, M.D., Philadelphia. Reprinted from proceedings of the Society.

Conférences, Thérapeutiques et Cliniques sur les Maladies des Enfants. Par le DR. JULES SIMON. Tome ii. Paris: Aux Bureaux du Progrès Médical. 1884.

Home Again. A synopsis of a Tour Abroad. By EDWARD BORCK, A.M., M.D., of St. Louis, Mo., a delegate to the International Congress. Sent gratis to any physician who will send his address and a postage stamp to 1214 Washington Avenue, St. Louis.

The Physician's Visiting List for 1885. Thirty-fourth year of its publication. Philadelphia: P. Blakeston, Son & Co., 1012 Walnut Street.

Physicians who have not already purchased their visiting list for 1885 might give this one a trial. It is conveniently arranged, neatly bound, and reasonable in price, contains the usual list of poisons and antidotes, metric system of weights, measures, posological table, list of new remedies, etc.

Surgical Delusions and Follies. By JOHN B. ROBERTS, M.D. Philadelphia: P. Blakston, Son & Co.

This little volume is principally made up of an address delivered at the annual meeting of the Medical Society of the State of Pennsylvania, to which has been added many paragraphs which have periodically appeared in the *Poly-clinic*.

Although one may not quite agree with the author's opinion on all the points referred to, yet a number of important truths are presented in a very forcible manner. The book should be read by all practical surgeons.

The Elements of Pathology. By EDWARD RINDELEISCH, M.D. Translated by WILLIAM H. MEREN, M.D. (Univ. of Penn). Revised by JAMES LYSON, M.D. Philadelphia: P. Blakiston, Sons & Co., 1012 Walnut St.

The translations of this work have earned the gratitude of both practitioners and students in placing within reach this able work on General Pathology. Although the book is small it contains in a condensed form not only the views of this illustrious author, but the results of the most recent investigations in this important branch of medical science.

Popular Science Monthly. By E. L. & W. J. YOUNG. New York: D. Appleton & Co., 1, 3 and 5 Bond street.

The January number is unusually attractive. The contributors are, O. H. Stephens, Frederick Harrison, Herbert Spencer, Prof. W. K. Brooks, Prof. John Tyndall, F. A. Fernald, Prof. Horace M. Kennedy, Sir Auberon Herbert, J. H. Pooley, M.D., Dr. W. Breitenbach, Mattien Williams, O. S. Collet, Robt. W. Edis, F.S.A.

Handbook of the Diagnosis and Treatment of Skin Diseases. By ARTHUR VANHARLINGEN, M.D. Philadelphia: P. Blakiston Son & Co.

This book is written for the benefit of the practitioner, and is an excellent work for ready reference. The greatest attention is paid to the diagnosis and treatment. The diseases are arranged in their alphabetical order, so that information can be easily and quickly obtained with regard to any one of them.

From our knowledge of the author as an earnest, hard-working, able man, we expected to see an exhaustive work and have not been disappointed.

The Law and Medical Men. By R. VANSNON ROGERS, JUN., Barrister. Toronto and Edinburgh, Scotland: Carswell & Co.

This book is exceedingly interesting, and will doubtless prove very useful to medical practitioners. It presents to us the legal aspects of our dealings with the public in the matter of fees and proper qualifications to practice; it defines and explains fully the various questions which may arise in actions for alleged mal-practice; it shows the position of physicians in the Courts when asked to disclose confidential communications or give expert evidence; it treats of defamation, the relations existing between patients and physicians, the Anatomy Act, medical partnerships, and other things too numerous to mention.

The author uses language that is clear and concise, and quotes largely from cases occurring in Great Britain, United States, and Canada. We cordially recommend it to our readers, who, we feel sure, will derive both pleasure and profit from its careful perusal, and at the same time find it very valuable as a book of reference.

The Science and Art of Surgery. A Treatise on Surgical Injuries, Diseases and Operations. By JOHN ERIC ERICHSEN, F.R.S., LL.D., F.R.C.S. Surgeon Extraordinary to Her Majesty, the Queen; Ex-President of the Royal College of Surgery, of England, and of the Royal Medical and Chirurgical Society; Emeritus Professor of Surgery and Clinical Surgery in University College, etc. Eighth edition, revised and enlarged by Marcus Beck, M.S. and M.B., London, F.R.C.S., Surgeon to University College and Hospital, and Professor of Clinical Surgery, in the

University College, London. With nine hundred and eighty-four engravings on wood. Volume I. Philadelphia: Henry C. Lea's Son & Co.

It is more than thirty years since this work was first published, and during this period it has met with marked favour wherever it was known. It has been frequently revised, and all the more advanced methods of modern surgical practice will be found recorded in its pages.

The author says: "In every instance an endeavour has been made to give as full and clear a description of symptoms, pathology, diagnosis, and treatment, as the importance of each demands and the present state of surgical knowledge permits."

It is a work which will bear frequent reading and deep study. No one who practices the surgeon's art can afford to be without this treatise on surgical injuries, diseases, and operations.

A Practical Treatise on Fractures and Dislocations. By FRANK HASTINGS HAMILTON, A.B., A.M., M.D., LL.D., Surgeon Bellevue Hospital, New York, etc., etc. Seventh edition. Philadelphia: Henry C. Lea's Son & Co. Toronto: Messrs. Vannevar & Co.

This work needs no eulogy from us. It has spoken for itself, and its rare excellence is well known to the whole medical world. The fact that seven editions have been issued in twenty-five years shows how highly it has been appreciated. The present edition is considerably larger than the last, the author having drawn largely from recent surgical literature. Among the Canadian cases referred to are one reported by Dr. George Wright, of Toronto, of dislocation inward of the upper extremity of the ulna, the head of the radius remaining in its place; and one by Dr. Powell, of Edgar, of congenital displacement of the upper epiphysis of both tibiae. These appear for the first time, and others are repeated from former editions.

The book is much larger than the former edition and is as complete, we think, as a work of the kind can be. Considering all the anxieties caused by fractures and dislocations in the ordinary everyday practice of surgery, we can only wonder that any general practitioner should think of getting along without it.

Personal.

Prof. Huxley's health is much improved, and he is about to return from Venice to England.

Dr. J. V. White, of Au Sable, Mich., went to England in November. He expects to remain one or two years.

Dr. Bathazar Foster has been requested to stand as the Liberal candidate for Chester, England.

Died at Montreal, on the 12th of November, at the age of 60, A. B. Craig, M.D., Professor of Pathology at the Ecole de Medicine et de Chirurgie de Montreal (Faculty of Medicine of Victoria College.)

A bronze bust of the late Dr. J. Marion Sims, a copy of the marble bust by DuBois of Paris, was presented to the New York Academy of Medicine by Dr. H. Marion Sims.

PROF. GROWITZ. — We learn that Prof. Growitz has declined the appointment of Professor of Pathological Anatomy in Bellevue Hospital Medical College, and that he has just been elected Professor of Pathology at Greifswald. — *Med. News.*

The Queen of England has appointed Sir Prescott Gardner Hewitt, Bart., F.R.S., to be one of Her Majesty's Sergeant-Surgeons-in-Ordinary in place of the late M. Caesar Hawkins.

During the October "sittings," Drs. W. A. Ross, A. McKillop, and D. Gow were admitted as Licentiates of the Royal College of Surgeons, Edinburgh; and Dr. S. C. Davies received the double qualification.

The students of the 2nd, 3rd, and 4th years in McGill Medical College, recently presented Prof. Osler with a handsome gold hunting-case watch, as a slight token of the high esteem in which he was held by them.

Mrs. Weldon, in a recent suit, obtained damages to the extent of four hundred pounds from Dr. Forbes Winslow for alleged improper detention in a lunatic asylum. The defendant will, in all probability, appeal to a higher court.

If a physician wants an assistant see advertisement.

Miscellaneous.

Dr. Thomas, of New York, says that among drugs the permanganate of potash is the best emmenagogue.

Tincture of benzoin is said to be useful in the treatment of chapped hands and frosted feet.

The Order of the Legion of Honour has been conferred on Dr. Robert Koch by the French people.

Professor—"Mention an oxide." Student—"Leather." Professor—"Oxide of what?" Student—"Oxide of beef." Exit professor.

The *British Medical Journal* reports a death from chlorodyne. So dangerous a remedy should not be so easily obtained by the public.

Sir William Jenner, of London, commenced life as an apothecary in a small back street, and for a long time the battle of life fell severely on him.

Sir Henry Thompson recently presented to the museum of the Royal College of Surgeons his valuable collection of calculi, the result of 812 operations.

In November there were two more deaths from anæsthetics in England; one from bi-chloride of methylene in a dentist's chair at Bedminster, the other from chloroform in the Derby Infirmary.

Since last September Emperor William has had five severe fainting fits, his vitality falling very low after each attack, and it is feared at the Berlin court that he will die suddenly before the year is ended.

Talleyrand, the Prime Minister of Napoleon, was disliked by Madame de Stael. It so happened that Talleyrand was lame and madame cross-eyed. Meeting one day, madame said: "Monsieur, how is that poor leg?" Talleyrand quickly replied: "Crooked, as you see."

Dr. E. G. Janeway thinks abscess of the liver not so infrequent on this Continent as generally supposed. He has seen seven within a year, with three deaths and four recoveries. Of those that recovered the abscess was opened by operation in three cases, and one opened spontaneously.

The Christian Scientists hold that mind has supreme power over matter; that the sick may become well if they only think so, and, indeed, are well if they believe and act as if they were. They have a church in Boston, and a college where, for \$300, one may be taught to become a healer. Some remarkable cures of nervous troubles have been effected.

MEDICAL LIFE PEERS.—An amendment has been proposed to the British Medical Act Amendment Bill to the effect that two physicians of over twenty years' standing be made life peers, and act as Lord Justices of Appeal in Medico-Legal trials. Some such measure has been frequently urged by members of the profession in England, and, if carried out, will considerably strengthen the hands of justice.

THE RICH DOCTORS.—Enormous sums of money would be amassed by a celebrated doctor in the days of academic prosperity. To retain his services a university would give him almost any terms he liked to ask. Taddeo, of the Florentine University, Villani tells us, was the most reputed medical man of his day. He was deemed a second Hippocrates, and summoned by the rich to all parts of Italy. The Pope fell ill and sent for him; when asked his fee Taddeo claimed 100 ducats a day, at which the invalid Pope remonstrated. Taddeo was firm, told stories of what large sums other Princes had given him, and hinted at the stinginess on the part of His Holiness. The Pope recovered from his sickness, and, "to purge from himself all suspicion of avarice," he sent Taddeo no less than 10,000 ducats. The doctor was a man of pious intent, and spent this splendid fortune on the erection of a church. The university of Modena gave Suzzara 2,250 lire and a piece of land in their district, on condition that he would live among them for his

life. Suzzara accepted the gifts, but the annals of his life show that he did not stick to his part of the bargain, for he wandered from place to place amassing wealth, and did far away from Modena. Suzzara was a man who extremely loved dress, great professor though he was. He is reproachfully alluded to by a fellow doctor thus: "Men of science should not go about in silken robes covered with colored embroidery, such as Suzzara used to wear." Again, Prof. Baldo spent a wandering life in spite of an oath to remain in one university. He taught thirty-three years in his native Perugia, and then passed six years at the Florentine University; from thence he went for three years to Bologna, for one to Pisa, for three to Padua, and for ten to Pavia, where he died worth a large sum of money. This moving to and fro was a curious feature in Italian university life, for not only did the professors travel, but they were followed by most of their devoted scholars who at the time were being instructed by them; thus the departure of a celebrated professor meant a regular exodus from the place they left, and a signal for great rejoicings when they arrived at their proposed destination. Not only the cities, but the Popes and Emperors, gave to the professors large gifts—to our friend Giovandrea, of Bologna, Pope John XXII. gave a feudal estate—and in their old age they were well looked after.—*The British Quarterly Review*.

THE HIPPOCRATIC OATH.—"I swear by Apollo, the physician, by Æsculapius, by Hygeia and Panacea, and by all the gods and goddesses, that, to the best of my power and judgment, I will faithfully observe this oath and obligation. The master who has instructed me in the art I will esteem as my parents, and supply, as occasion may require, with the comforts and necessities of life. His children I will regard as my own brothers, and if they desire to learn will instruct them in the same art without any reward or obligation. The precepts, the explanations, and whatever else belongs to the art I will communicate to my own children, to the children of my master, to such other pupils as have subscribed the physician's oath, and to no other persons. My

patients shall be treated by me to the best of my power and judgment, in the most salutary manner, without any injury or violence; neither will I be prevailed upon by another to administer pernicious physic, or be the author of such advice, nor will I recommend to women a pessary to produce abortion, but will live and practise chastely and religiously. Cutting for the stone I will not meddle with, but will leave it to the operators in that way. Whatever house I am sent for to, I will always make the patient's good my principal aim, avoiding, as much as possible, all voluntary injury and corruption, especially all venereal matters, whether among women or men, bond or free. And whatever I see or hear, in the course of a case or otherwise, relating to the private affairs of life, nobody shall ever know it if it ought to remain a secret. May I be prosperous in life and business, and forever honoured and esteemed by all men, as I observe and not confound this solemn oath; and may the reverse of all this be my portion if I violate it and forswear myself."

Dr. Alfred Sheen, in his paper, "Relations of the Medical Profession," says:—Not a very long time ago a friend of mine consulted a celebrated physician, who, in the course of investigating his case, told him that he (the physician) had the largest practice in the world; something like the *Daily Telegraph*, with its well-known advertisement, "the largest circulation in the world!" "A single purpose, high views, robust self-respect," will save us from falling into many objectionable peculiarities of character, peculiarities at which shrewd and sensible people only smile. Mr. Tom Hughes offers some sensible advice to medical men. He says, "Learn to read character by studying your own, to speak plainly, to practise reticence, and to avoid mercenary habits." Again—

"To thine own self be true,
And it must follow, as the night the day,
Thou canst not then be false to any man."

Our first and chief duty to a patient, when he comes before us, I conceive to be this: honestly and thoroughly investigate his case, with the sole view of relieving him to the best of our

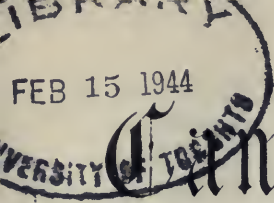
ability; and if, during the progress of the case, we are not quite sure of our own resources, to seek, in consultation, the aid of a colleague in whom we have confidence.

The *Lyon Medical* tells the story of a priest who was appealed to by a woman, for advice respecting the propriety of her taking a mixture of cubebs and copaiba, which a doctor had prescribed for her gonorrhœa. The priest examined the prescription and exclaimed: "Balsamics, those are used for the chest. Yours is weak. You can take them." And being of a generous nature, he wrote across the prescription: "Furnish at my personal expense." At the drug store where this prescription was filled there is still a sly smile to be noticed as this prescription is inspected.—*Detroit Lancet*.

The *College and Clinic Record* gives three reasons why all doctors should take an active part in some medical society. "The proper use of medical societies keeps one polished and out of ruts. Membership should be had in medical societies for the aid it gives one's self," "The profession, as a profession, needs the help of the humblest of its members. A meeting and comparing of ideas, a friendly criticism and seeking for the reasons of things, all help to strengthen the individual powers of each." "The fact is to be emphasized that every physician owes it to himself, his patients, and the public, to be actively engaged in the sessions of at least one medical society."—*Detroit Lancet*.

THE MARCH OF DEATH.—Dr. Farr once said that if he could watch the march of one million people through life, the following would be observable:—Nearly 150,000 would die the first year, 53,000 the second year, 28,000 the third year, and less than 4,000 in the thirteenth year. At the end of forty-five years 500,000 would have died, at the end of sixty years 370,000 would still be living; at the end of eighty years, 97,000; at eighty-five years, 31,000; and at ninety-five years there would be 223; at the end of 108 years there would be one survivor.—*Medical Review*.

FEB 15 1944



THE

10#2

33

Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS AND PROPRIETORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

SUBSCRIPTION, \$3 PER ANNUM.

Literary Communications may be addressed to any of the Editors. All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 40 Queen Street East.

TORONTO, FEBRUARY, 1885.

Original Communications.

ACUTE CIRCUMSCRIBED CUTANEOUS OEDEMA.

BY J. E. GRAHAM, M.D.

(Read before Toronto Medical Society, Dec. 18th, 1884.)

Three or four years ago a patient came under my observation presenting the following history:

C. M., aged 27, merchant, was healthy and strong up to five years ago, when he noticed swelling of the hands and feet, accompanied by pain and redness. The swollen condition produced weakness and stiffness of the fingers and toes. In about a week's time the swelling disappeared, and with it the other unpleasant symptoms. In two or three weeks he had a second attack, which lasted about the same time as the first. Since that time he has had repeated attacks at intervals of a few weeks. Latterly the swelling has lasted longer, and has frequently extended to other parts of the body. The arms, legs, and scrotum have been swollen at various times. The scrotum has often swollen to three or four times its normal size. He has also noticed that the slightest injury will produce the swelling. If, for instance, he catches a ball, the hand in an hour or so will become so swollen that he can scarcely move the fingers. In the same way, the pressure of a tight band around the wrist will cause an attack. During the last few months they have differed somewhat from their former character. They do not last more than three or four days in one

place, but when they disappear in one part of the body they appear in another. The largest patch which has ever existed in one place extended from the wrist to the elbow. A number of patches exist often on different parts of the body at the same time. The condition is not influenced by the seasons.

The disease has become of so formidable a character that the patient has to give up his business. If he happens to strike anything, or runs against a hard substance, a swelling follows.

Present condition: On the right hand there is a very considerable swelling. The wrist and back of the hand are swollen and puffy. The hand is double the ordinary size. There is a patch on the left wrist, which the patient expects to extend over the whole hand. There is a slight elevation of temperature, and the pulse is somewhat increased in frequency. The arm was examined, but no striking abnormality was found.

Having never seen or heard of a similar case, I scarcely knew what line of treatment to adopt. Turkish baths were recommended, and alkali with belladonna were tried for a time. Ergot was afterwards prescribed. None of the remedies appeared to have any lasting effect, and the patient passed out of observation after five or six weeks' treatment.

The history was not then published, as no such case had ever come under my notice. It was thought that the diseased condition was allied to urticaria and the cause might exist in a rheumatic diathesis.

In the June number of the *Edinburgh Medical Journal*, 1883, there appeared an article written by Dr. Jamieson, of Edinburgh, entitled "Acute Circumscribed Cutaneous Œdema." In it was given a history of a case very similar to mine, except that the rheumatic condition was much more marked. Dr. Jamieson, like myself, did not know how to designate the disease until he read a paper by Quinke, which appeared in the July number of the *Monatschrift für Praktische Dermatologie*. I will give a short account of his case.

Miss M. E., aged 60, has been a governess with families in the country nearly all her life, and till rather more than seven years ago was in good health. She then became affected with pains of a rheumatic nature in the neck. The parts did not swell and the pains passed away. Soon, however, they located themselves in her right wrist, which became hot and enlarged. Then the fingers of the right hand swelled at their joints and the metacarpophalangeal articulation took on the same morbid action, which was plainly enough that known as rheumatoid arthritis. The joints of the feet became similarly affected. About the same time that the rheumatoid arthritis first showed itself she was annoyed with curious subcutaneous swellings which always attacked the face, came on suddenly, and at regular intervals. The loose tissue about the eyelids was the most common seat of the swellings, but they also occasionally attacked the lips. When the eyes were to be involved headache and some degree of feverishness were experienced, then a sensation as if of tension of the outer canthus, soon followed by swelling of the eyelid, which gradually spread from the outer side till, in course of twenty-four hours, the whole of both eyelids, and even some of the skin beneath, was distended by serum. The eye was completely closed by the œdema, and the watery-looking skin had a somewhat purplish hue. The swelling subsided gradually, as long an interval as five days occasionally elapsing before it had quite gone. The œdema, however, generally vanished in three days. At first the attacks occurred at intervals of about four weeks, but they soon became more frequent—once a week, or still oftener.

It will be noticed that this case differs from mine in two or three points: (1) The well-marked rheumatic history; (2) That the swellings did not come on as quickly. In my case, in two or three hours the parts would become intensely swollen. (3) In my patient various parts of the body were affected, particularly the extremities, and the swellings were often produced by a slight traumatism.

In the main feature, however, the two cases are sufficiently alike to be put under the same heading. I have therefore entitled my paper, Acute Circumscribed Cutaneous Œdema.

There is no doubt, as Dr. Jamieson says, mild cases are of not infrequent occurrence, and that cutaneous swellings, which are attributed to the sting of bee or other insect are simply cases of the disease in which the condition is of a passing character.

Milton has described under the head of Giant Urticaria, five cases which somewhat resemble the one already described. In his cases other skin eruptions accompanied this condition, and the urticarial symptoms were very marked.

In the *Berliner Klinische* of January 12th, 1880, the history of two cases were given, which resembled those described by Milton. Dühring mentions a case recorded by Julien in the Cincinnati *Lancet and Observer*.

Quinke has, however, given the most complete account, and I will conclude by quoting Dr. Jamieson's translation.

It is characterized by œdematous tumefaction of the skin and subjacent cellular tissue in circumscribed spots, which measure from two to ten centimetres across. These, he says, are found most frequently on the extremities, particularly in the neighbourhood of the joints, also on the body and face, especially the lips and eyelids.

While the swollen portion may at times be reddish, they are quite as often of the natural hue of the skin, or pale and translucent. A feeling of tension in the places affected are usually complained of, but there is seldom any itching. Portions of the mucus membrane may be attacked, as the lips, velum palati, pharynx and entrance of larynx.

It has been inferred from the symptoms in one case that the gastro intestinal mucous mem-

brane may be attacked. In one instance repeated serous effusions into the joints took place. The swellings develop suddenly, as a rule, in several places at once, reach their acme in an hour or two and then as suddenly vanish—lasting from several hours to a day. The disease may be more protracted by the eruption of several successive tumefactions. There is little constitutional disturbance. When the disease attacks an individual more than once it assumes a milder form, and generally selects the same localities as the first invasion. Such recurrences take place at varying intervals, sometimes every week, with almost typical regularity throughout a series of years.

As exciting causes may be mentioned sudden chilling of the surface, catching cold, and excessive bodily exertion. The disease seems to be more frequent in men than women, and in one case was hereditary. As analogous of acute circumscribed œdema, Quincke makes mention of menstrual œdema, the intermittent œdema—following malarial fevers—and the so-called articular swellings.

The pathology of this disease is not well understood. It is probable, however, that the lesion exists in the vaso motor system, and that owing to sudden dilatation of the capillaries the œdema takes place.

There does not appear to be any specific treatment. Attendance to diet, alkaline cathartics, alkalies together with atropine have been found of service. In my case Turkish baths had a beneficial effect.

SEPTICÆMIA.

BY B. WHITEMAN, M.B., SHAKESPEARE.

Mrs. M., of Pickering Township, was delivered of her first child, Nov. 11th, 1884. The child was not large, as when one week old it weighed eight pounds. Dr. E., a neighbouring physician, was in attendance, and, after waiting for some time, delivered, under chloroform, with forceps. He stated that she would have got through naturally in about one hour, but that she was becoming exhausted, and for that reason he considered it best to assist her.

On the 12th she appeared to those about her

to be doing fairly well, except that she complained of a good deal of soreness.

On the 13th she had a severe chill, followed by fever. Dr. E. saw her that day and informed her that she was doing as well as could be expected. This allayed the anxiety of the friends. When Mr. M. suggested that if she was not doing all right, he would like a consultation, he was informed by that functionary that it was not at all necessary, as there were no serious symptoms. Mr. M. wrote to me telling about the chills and fever, but stated that the doctor thought she would soon be all right. On receipt of his letter I wrote to Dr. E., asking about her condition and requesting him, if she was at all seriously ill, to write or telegraph me and I would go down and drive out with him to see her. As I suspected from Mr. M.'s letter that there might be some septic absorption, I outlined some treatment that I would prefer, laying particular stress upon the importance of thorough irrigation of the vagina, and uterus also, if necessary, with antiseptic fluid, stating that my plan is to place the patient on a fracture-bed, with head and foot resting on chairs, then placing a pail under the hips to catch the water, and using a large quantity of some dilute antiseptic, of which I preferred tr. iodine in water, and using a fountain syringe to continue the irrigation until any cause of septicæmia is removed. In reply I received a note from Dr. E. stating that Mrs. M. was, in fact, quite well and, that there was no cause for any uneasiness in regard to her; also that he agreed to what I proposed, except the propriety of intra-uterine irrigation. This letter was dated Nov. 18.

On the 20th I received a telegram asking me to come down. I was met at Pickering by Mr. M. on the afternoon of the 21st. He explained that he did not know whether he had done right or not in sending for me; but he was of the opinion, either that the doctor did not understand her case or else he was deceiving them. He stated that Dr. E. was always telling them that she was getting better, while they could all see that she was getting worse, also that the doctor was particularly anxious that I should not be sent for.

Arrived at the house, I found the patient

very ill indeed; muscular twitchings, delirium, dizziness; tongue greatly swollen, with indentations of teeth at sides, and coated with thick white fur; very thirsty, and frequent vomiting. Pulse, 144; temp., 105° under tongue; in axilla 102.5° ; respiration rapid and irregular; hands and feet cold, with cold perspiration; abdomen enormously distended by tympanitis, with general soreness of the whole body, and very tender over uterine and ovarian regions. On extending my examination to the private parts, I found them covered tightly by a large flaxseed poultice, which, I was informed, the doctor had ordered. I raised it up and found that it held in the vagina a large amount of purulent fluid (just what one would expect to intensify blood-poisoning) lying in a severe laceration of the perineum, which I found extended right down to the sphincter ani muscle. The raw surface was covered with a diphtheritic membrane, and the whole private parts were enormously swollen. Delivery was accomplished by the use of the forceps, and Mrs. M., on regaining consciousness, complained of a great deal of smarting pain, and told her husband and sister that she thought the doctor must have torn her. This the doctor explained by telling them that there was a very slight laceration of the perineum which, however, he informed them would not signify.

On enquiring what was done to keep the parts clean, I was told that the doctor had directed that a pint of water (without any antiseptic) be injected into the vagina night and morning, and followed by three tablespoonfuls of dilute permanganate of potash, all the time carefully avoiding any attention being given to the wound which he had made. I was also informed that he had made a visit half an hour before I arrived, and when told that I would soon be there and asked to wait, said that he had not time, that she was no worse than the day before (when he said she was doing well and would soon be all right). He told them that there was no use making so much fuss about her, and appeared quite annoyed that I had been sent for. As he was going off he stated that he might come back in the evening. As Mrs. M. was so sore that she could not be moved without great pain, and the doctor not

having told them to get a bed-pan for even the slight washing that he had advised, the bed was too wet to be comfortable. I proceeded, with the assistance of a carpenter, to make a fracture-bed, that she might be moved more easily to change her bed, and also that we might thoroughly irrigate the parts requiring it. By the time I was ready to place the patient on the fracture-bed Dr. E. returned. He informed me that he was giving suppositories of morphia and iodoform, with tincture veratrum viride internally. As she was then exhibiting symptoms identical with those produced by poisoning with veratrum viride, besides her heart being so weak that it could not drive the blood to the surface and extremities, I could not consent to any more of that drug being given. This appeared to offend Dr. E. So he would listen to nothing I had to say about the patient. He proceeded to read to me out of a book a statement of how she had been when he had visited her at different times before. When I told him that she was suffering from septicæmia, and that I did not expect her to live twenty-four hours, he coolly told me that he did not deny that she was seriously ill; but if I was willing to take the responsibility I might have her treated any way I wished. When I proposed giving quinine, I was informed that he had no faith in it. When I proposed thorough irrigation of the vagina on the fracture-bed, and told the doctor that he should either have done this himself and showed the attendants how, or remained in the room and seen that it was properly done, I was informed that he did not come there to be a nurse, that she could not be moved on a fracture-bed, and there was no use of any more washing than he had ordered, as it would soon fill up again. Though why, in view of that fact, he considered even that much necessary, he did not state. As we could not agree, the doctor left with the understanding that he should return next forenoon, while I was to remain over night with her. As I felt that there was but little hope for her recovery, I did not feel justified just then in advising a change of medical attendants. So I concluded to remain with her and see what could be done. After his departure I learned from the family

that while telling her and her husband that she was doing well and would soon be all right, he told a neighbor woman that she was seriously ill and he could not say what might set in. This I did not like, as I always consider that the party who employs a medical man and pays him for his services is the one entitled to his opinion. I am aware that it is one of the expedients of quackery to tell different stories to different individuals, and then, no matter what the result, some one is brought up to whom the doctor told how the patient was, and it is explained that a tender regard for the patient's feelings prevented the doctor from stating the case truly. But I consider it a matter for regret that any registered practitioner of this Province should be guilty of such conduct. The friends informed me that she had been very hot and thirsty from the 13th, with frequent chills; they thought more wandering, but not so hot, on the 21st, the day I saw her.

When left alone with the patient I had her carefully lifted on the fracture-bed, as previously stated. Then I began irrigation with a large fountain syringe, made from a wooden pail. Into this I poured two ounces of tincture iodine to the pailful of soft water at 110°. I prefer it pretty warm at first on account of the greater cleansing power of warm water. This gave considerable pain, as the parts were very hot and tender; but by adding cold water until the temperature came down to 80° she expressed herself as much relieved by the irrigation. In all, I used about a pailful and a half the first time. I then had her removed to her bed, leaving the fracture-bed under her, and had applied to the vulva cloths wet with warm water, sprinkled with a solution of the acetate of lead and carbolic acid.

This, with the thorough cleansing and making her bed fresh, which had not been done since her illness, made her more comfortable. I next prepared twelve powders, of one grain each of opium, quinine and digitalis, and gave her one in water paper. Her stomach was so irritable that I feared to try a large dose of quinine as yet. This was Nov. 21, 7 p.m.: pulse, 144; temperature, 105°. At 7.30, pulse, 136; temperature, 105°. At 10.15 p.m. used pailful of wash and gave powder,

Nov. 22, 1.30 a.m.: pulse, 132; temperature, 104°; repeated irrigation, using pailful of water, with half ounce of tincture iodine; also gave powder, to which I added quin. sulph. gr. x. She has not vomited since first powder, and has slept quietly since last dressing. The slight fall of temperature and improvement of her heart's action gave me some hope, and, considering the way matters had gone, I thought best to advise a change of medical attendance. So Dr. W. was sent for. He arrived about 5.40 a.m. Nov. 22. At that time her pulse was 135; temperature 104°.

After making a careful examination Dr. W. told Mr. M. and myself that he could not hold out any hope of her recovery, but he would do what he could for her. It was agreed to continue the irrigation and powders as above every three hours when she was awake, also to apply turpentine stupes over lower part of abdomen. We also decided to send for Dr. G., one of the oldest and most respectable physicians in that part of the country. Dr. G. also agreed as to Mrs. M.'s dangerous condition at the time, especially objecting to leaving a patient in that state without attempting to repair the laceration or keep purulent matter out of it. At 10.30 a.m., pulse, 129; temperature, 102°. We now gave enema of turpentine, ℥j; castor oil, ℥iv, in starch emulsion. At 12.20 p.m., it produced an evacuation from the bowels, causing the expulsion of a large amount of flatus and giving relief to the tympanitis. Pulse, 124; temperature, 101°. At this time gave powder of pepsin and bismuth, as she complained of nausea after some soup which she had taken. This was the first nausea since I gave the first powder, although constant before, though I attribute the relief more to the irrigation than the powders. I may also mention here that although she had chills and fever constantly before, she did not have another chill and her temperature never was higher than 102°. At 3 p.m., pulse, 120; temperature, 101°. At 4 p.m. used catheter, as she could not urinate, and found urethra torn. I now decided to give half a powder at a time as she was quite comfortable and slept a good deal. At 6.45 p.m. gave quin. sulph. gr. x. Pulse, 123; temperature, 101.5°. She sleeps quietly; twitchings

ceased at 7.30 p.m. Pulse, 121; temperature, 102°. I had now to leave for the evening train. There was slight reaction at this time, owing to the stream in irrigating at 4 p.m. having run out along the tube above the wound and not washing it out properly. I pointed this out to the attendants, and directed them to see that the outgoing stream went to the bottom of the laceration.

The rest of the notes are extracted from telegrams and notes from her subsequent medical attendant.

Nov. 23rd, 2.30 p.m.—Pulse, 120; temperature, 101.5°.

Nov. 24th, 4 a.m.—Pulse, 118; temperature, 101.5°. This day she vomited frequently, complaining of pain over the left ovary. At 4.30 p.m. felt much better. Pulse, 114; temperature, 95°; tympanitis and swelling greatly diminished.

Nov. 25th.—Pulse, 110; temperature, 100°; progressing favourably.

Nov. 26th.—Pulse, 88; temperature, 98.5°.

From this time she progressed fairly but slowly, owing to the deteriorated condition of her blood. Her appetite improved, and she began to sit up a little, until Dec. 11th she had an attack of indigestion with severe palpitation of the heart. As she was in great distress, and her medical attendant was at the time confined to his bed through illness, I was telegraphed for. I arrived on the 12th. She had severe vomiting, with constipation and palpitation of the heart. As she was in a much better condition to be examined than at my previous visit, the swelling all gone, and most of the soreness, I examined and found a laceration of the os and cervix uteri about one inch and a half long, which, I believe, would account for the metritis from which she has suffered since the labour, and which, I believe, was produced by the forceps. There was no raise of temperature during this attack nor any chills; and her pulse, when quiet, was about 80°; when disturbed by vomiting, 96°. Since that time she has taken iron in form best agreeing with her stomach, with dilute mineral acid and *nux vomica*, medicine requiring to be changed frequently owing to her weakened digestion.

At last accounts she was sitting up for a while every day and, with assistance, could walk across the floor, and, as far as I could learn, fairly convalescing.

THE USE OF CARBOLIC ACID IN PURULENT AFFECTIONS OF THE EYE.

BY G. HERBERT BURNHAM, M.B., M.R.C.S. ENG.

(Read at Ontario Medical Association, Hamilton, June, 1884.)

I shall begin by speaking of the employment of this remedy in reference to the disease, gonorrhœal conjunctivitis, in which I was the first to use it in the way in which I shall shortly mention. As you know, the usual remedies for this dangerous affection are very often completely powerless to stay its downward progress. This sad admission I on my own part can unreservedly make, for during the long period that I was Resident Surgeon at the Moorfields Eye Hospital, London, a great many opportunities were given me of verifying this statement. Having found out that a strong solution of this acid did not in the slightest degree injure the cornea, I began to try its effects in gonorrhœal ophthalmia, and I am glad to say with the happiest results. I am so thoroughly aware of its great power in combatting this inflammation that I now never use any other treatment. This conclusion, I beg to repeat, has been arrived at in open competition at Moorefields Eye Hospital with all other known remedies. There are many forms in which this inflammation affects the eye, such as great serous chemosis of the palpebral and ocular conjunctivæ, or dense swelling of the lids and a more opaque thickening of the conjunctivæ. This latter infiltration may become so great that the appearance of the lids when everted is that of diphtheritic ophthalmia, that is, a mottled, greyish look, with inability to remove any of the infiltration. This variety is the most severe and dangerous, and also the least frequently met with. The treatment consists in the *free* use of *pure* carbolic acid and iced water-bathing. I may perhaps make the proper application of the treatment clearer to you by narrative, a supposed case.

A patient comes with red, swollen, inflamed lids, rather brawny-looking; conjunctivæ much swollen, pain, and a more or less marked secretion from the eye. I order him to bed; then have placed at his bedside a basin of cold water with a large lump of ice in it. With this water he keeps almost constantly bathing the eye, and in the intervals places cloths wet in the iced water upon his eye. Sometimes the temperature is so high that these cloths actually steam after being a few seconds in position. The relief given by this cold application is great and immediate. At night time a nurse should sit up so as to keep up the treatment continuously. The use of the carbolic acid begins at the same time. At first I put into the eye a solution of the strength of 1 in 40 so as to accustom the eye and patient to it, then the 1 in 20 or 5 per cent. solution, that is to say 24 grains to the ounce of water. As the discharge increases I use it more frequently till finally it is employed every hour, day and night, and with no sparing hand. If possible, the lids are everted and the lotion freely applied, flooding the eye with it. I also cause the eyeball to be moved about by the patient so that the lotion can get to every part. In very bad cases it is impossible fully to evert the lids even after free discharge has begun; and here this strong caustic is very valuable, as it flows so readily beneath the lids. Its effect on the complications which arise, such as transparent ulcers and infiltrations of the cornea, is most prompt and satisfactory. These former come as the result of great pressure on the cornea of the swollen conjunctivæ, and which in other kinds of treatment so often lead to perforation with prolapse of iris. Now, however, it rarely if ever occurs. The only corneal complication I now fear is the dense yellow infiltration without abraded surface. In other words, a true infiltration, not an ulcer, as this latter term is only applied when there is an external abraded surface. In the infiltration the lotion cannot, as in the case of the ulcer, come into direct contact with the seat of inflammation. Herein lies the danger, that the inflammation goes on extending inwards till hypopyon ensues. This condition is now followed by ulceration of the thin epithelial

covering of the outer surface of the infiltration with perforation of the cornea, and more or less severe complications through entanglement of the iris. Any operative interference with the cornea, where profuse purulent discharge is present, is always fraught with great danger, so readily does the wound become infected. As the discharge lessens and alters in character, the 5 per cent. may be used alternately with a 1 in 40 solution, and later this latter altogether. As the eye approaches nearer a normal state a still weaker solution may be prescribed. Another great advantage is that this 5 per cent. solution smart's sharply, but only for about thirty seconds, and when it is all over a feeling of comfort and relief supervenes.

I consider the carbolic acid treatment most decidedly superior to all others. By its strong antiseptic and astringent properties it follows out, more closely than any other treatment has ever done, the true line of practice in these cases. Its usefulness is by no means limited to gonorrhœal ophthalmia, for in all purulent affections of the conjunctivæ and cornea, together or separately, I have used it with excellent results. When the conjunctivæ is not much implicated the 1 in 40 solution, or even weaker, is about as strong as will be needed or comfortably borne.

The limits of this paper do not allow me more than to mention, as I have done, its employment outside of the one affection I have brought before your notice. If it were otherwise, I could give most satisfactory accounts of its beneficial effects.

In conclusion, I may say that I do not now consider it so necessary to—in fact, I do not—shield the sound eye, as this lotion renders the discharge so much less noxious. The constant bathing, and keeping the patient lying on his affected side, are all the additional precautions I adopt.

LOBAR PNEUMONIA SIMULATING MENINGITIS.

BY J. EARLE JENNER, M.B., L.R.C.P. LOND.
(House Physician, Toronto General Hospital.)

So closely does this affection, occurring in children, simulate cerebral disease in a consider-

able proportion of cases, that it has been described by French writers under the name of cerebral pneumonia; and so frequently has the mistake been made by eminent men of confounding the two affections during the early stage, that we learn the great importance of invariably making a careful physical examination of the chest in every instance when called upon to treat a child suffering from acute disease. Whether the symptoms point to an affection of the chest or not, this rule should be observed at each visit until the diagnosis is established beyond the possibility of a doubt. The pneumonic inflammation may be central at the outset, in which case physical signs would be entirely absent, or so faintly perceptible as to escape recognition until the inflammatory process spread to the periphery of the affected lobe, this process of extension requiring perhaps two or three days. If the pneumonia remain central the diagnosis becomes still more difficult.

This form of pneumonia may occur at any age, but is most frequent in children and old people. The leading points of difference between meningitis and cerebral pneumonia are that in the latter constipation is not so marked nor is vomiting so frequent and persisting.

The following case I narrate in detail, as it shows a remarkable similarity to cerebral disease:—

Case.—E. H., aged 8 years; complains of headache, nausea, loss of appetite, sleeplessness, and feverish symptoms.

Family history.—On the father's side good. The mother is delicate, and had three maternal aunts who died of phthisis. She has had four children, all living; no miscarriages. Patient is the eldest of four brothers. The two next him in age are dark-skinned, stout and rugged; the youngest, a light complexioned child of eighteen months, is puny and delicate, has enlarged glands of neck and eczema of scalp and face.

Personal history.—Patient was never a rugged, hearty child; was brought up at the breast, and weaned at thirteen months; began to take artificial food at seven months. Six months ago he had a fit, and was dull and drowsy for some hours after. He never had any severe or protracted illness to date. General health during past three or four months has been failing.

He takes cold easily, and is often troubled with a cough; expectorates considerably at times; sputa described as that of bronchitis. The head sweats a great deal; feet and hands are always moist and often cold; the appetite has been somewhat capricious, and there has been slight diminution in weight. Patient is fair and freckled, features regular and refined; muscles are plump, but soft and flabby; bones are slender, no enlargement or deformity of the points; teeth are large, smooth, and regular, no enlarged glands. He is of a quiet disposition, fond of books and school, and takes an unusual interest in the welfare of his younger brothers. He learns readily, and is in fact a remarkably precocious child.

History of present illness.—Patient has not seemed quite so well lately, and on the evening of 1st inst., (four days ago), complained of slight pain in the right ear, which lasted with moderate severity for three days. Hop poultices were applied, and the patient lost but one night's rest from the pain. On the 2nd inst., about noon, he had "fit," was convulsed for a minute or two, but did not become rational for several hours. He has eaten nothing for three days, and complains of constant headache accompanied by photophobia and painful sensitiveness to sounds. There was slight delirium yesterday afternoon and during the night.

Present condition.—Saturday morning, April 5.—Patient is rational, and answers questions with remarkable cleverness. No complaints of pain save in the head and eyes; the headache is entirely frontal and very intense. When not molested he lies quietly on left side, with eyes closed tightly, knees drawn up, and arms extended, with hands between the knees. He is deaf in right ear, from which during the night considerable bloody pus discharged. Temperature, 102° F.; pulse, 112; respiration, 36 to the minute.

Digestive system.—Tongue thickly coated, and dirty white color; throat congested, breath heavy and offensive; no appetite; has been some vomiting; no hæmatemesis, no abdominal pain or tenderness. Liver and spleen neither perceptibly enlarged nor tender; position and sounds of heart normal; pulse full and resisting.

Respiratory system.—Respiration, 36; shall-

low and somewhat abdominal. *No cough*; no hæmoptysis. On physical examination, the breath sounds seemed to be unduly harsh all over and percussion note decidedly resonant. No other variations from the healthy chest sounds could be detected. Urine is high-colored and scanty: *ss.*, gr. 1.030; no sugar; albumen, one-sixth. After making a careful physical examination of the chest and abdomen for evidence of disease, which is my invariable practice on seeing a child for the first time, and finding nothing to warrant a diagnosis of disease in either region, I suspected tubercular meningitis, but told the parents that I could not pronounce positively on the case as it was somewhat obscure, and that it would in all probability manifest itself plainly in the course of a day or two. His mother stating that he had recently passed worms, I left a worm powder (santonine and calomel); ordered tepid bath if skin became hot and delirium supervened; applied cold compresses to head and mustard draught to feet, which were cold, also mustard poultice to epigastrium; to keep windows and door open, but darken and quiet the room and keep fire if necessary.

Saturday evening.—Patient began to “wander” about noon, the delirium increasing until now he is talking almost constantly. At times he lies with his head thrown back, rolling it from side to side, occasionally uttering a shrill cry. Eyes closed tightly, and patient is very irritable. The decubitus same as in the morning, but he frequently changes position. Bowels have not moved, though he took the worm powder containing three grains calomel early this morning. There has been no action of the bowels for several days. Passes his water, which is scanty and red. Has been considerable bilious vomiting. Face is flushed, but has been pale during the day; skin very hot and dry. Temperature, 105.5°F.; pulse, 160; respiration, 48. The breathing is violent and convulsive, chest and abdomen heaving at each respiration; percussion resonance quite tympanitic over both sides of chest, and breath sounds remarkably puerile.

I put him in a tepid bath, gradually cooling the water until the temperature of the body fell to 100°F., when the patient became quite

rational and said he had no pain except the headache. A re-examination of the chest gave no further information. I gave him calomel, gr. iv., and pulv. jalapæ, gr. viij., in one powder, to be followed by a seidlitz powder in the morning. After taking him out of the bath temperature fell one degree more and he soon went to sleep. Ordered bath repeated if necessary, and left a mixture of pot. brom., gr. xv., and ext. ergotæ fld., ℥ xv. to the dose, to be given every two hours, if delirious; also two-grain powders quinine every two hours until seen again. Substituted ice bag for compresses to head, and ordered mustard pediluvia. On leaving, temperature, 99°F.; pulse, 100; respiration, 30.

Sunday morning.—Patient is in a violent delirium, and has been so since midnight. The bath was not repeated, they were “afraid he would catch cold.” The face is pale, but the mother states that a few hours ago it was covered with livid purple spots. These can be reproduced by pressure or drawing the nail over the surface, and will remain for some time. He lies quietly for a few minutes; eyes shut tightly; head thrown back; the face twitching frequently, especially the upper lip, which gives him a grinning appearance. Decubitus this morning is the “en chien de fusil,” or gun-hammer position of the French. There is tonic carpo-pedal spasm, and the fingers work rapidly as if rolling pills. His mother says he will pick and pull at the bed clothes for an hour at a time. There is marked ataxia. When aroused and asked to put out his tongue he opens the mouth widely and with some difficulty, the muscles of the lower jaw acting convulsively. He makes hideous grimaces in attempting to protrude the tongue, without accomplishing it, and has considerable difficulty in closing the mouth again. Tongue is dry and brown, and he mutters incoherently, his mind seeming to dwell on fire. He asks for a pipe, and when given a match tries to light it on the bedclothes, then, putting it to his mouth, makes a pretence at smoking. Suddenly he starts up, screaming “Fire! fire!” and flings the sheets from him, protesting they are on fire and burning him up. Then he talks of school, books, the chicken, his younger brothers, and many other things, all in

a breath. The skin is dry and hot; abdomen retracted. Breathing is now entirely thoracic. Bowels have not moved yet. Legs and arms are cold. Temperature, 105.5°F.; pulse, 130; respiration, 40. Medicine has been given regularly. Some vomiting this morning stained with bile. The parents objecting to the general bath, I applied napkins wrung out in ice-water (containing a little whiskey, to prevent "catching cold") to the chest and abdomen, changing them constantly, according to Dr. Sidney Ringer's plan. Put legs and arms into hot mustard bath. In twenty minutes the temperature fell to 100°F., and the patient asked for a drink. I got him to take an ounce of castor oil, then gave him lumps of ice to suck, and he soon went to sleep. Put a fly blister on back of neck. Continued ice pack to head and senapises to feet; to give an enema in two hours if oil does not operate. Mixture to be combined with additional five grains pot. brom. to each dose. Patient was sleeping when I left him. Has been taking nothing but milk and beef tea since I saw him first. Ordered wet napkins to be reapplied as above if necessary. (Believing the trouble to be purely a head affection I did not again examine the chest until Monday morning).

Sunday night.—Oil operated freely. Copious dark and offensive stools were passed. No worms came away. Has been some vomiting. Delirium has been constant, but not so violent. Seems to understand what is said to him, but cannot control his movements or speech. Marked ataxia. Is lying on his back now. Knees drawn up. Carphologia and tonic spasm of hands and feet. Muttering delirium. Temperature, 105°F.; respiration, 50. Continued treatment, and repeated bath with same result as before, but could not prevail on the parents to administer this part of the treatment in my absence.

Monday morning.—Patient slept none at all during the night. Was very restless, but not so violent, muttering all the time and picking at the clothes. Temperature, 104°F.; pulse, 140 and weak; respiration, 48. Hands and feet cold. Repeated mustard pediluvia; gave liquor sponge bath. When he became rational he said he had pain in the right side, and had

been noticed to cough some during the night. On examining the chest again, I found marked puerile breathing over left side and upper one-third of right chest, while fine crepitation could be heard posteriorly over the lower two-thirds of right lung. Percussion resonance was also diminished over this part. I immediately put on linseed meal poultice, covering the entire right chest; gave pulv. Doveri to ease pain; a mixture of liq. am. acet. and spts eth. nitrosi to promote perspiration; some quinine powders, and ordered diet of milk, beef tea and egg-nog. Pot. brom. mixt. to be discontinued. Cold pack to be continued as long as headache is severe.

Monday night.—Patient has been easier and rests much better, dozing a good deal. Is quite rational at times, but there is considerable delirium still. Headache not so intense nor senses so acute. Temperature, 103°F.; pulse, 120. Bowels have moved freely twice since last night. Tongue still brown and dry. Marked crepitation all over lower two-thirds of right lung, front and back. Increased stimulants to 3ij Hennessy's brandy in twenty-four hours and gave quinine gr. ij. every four hours.

Tuesday morning.—Patient had good night. Is quite rational. Has considerable cough, which causes pain. Tongue moist. Skin moist and pale. Temperature, 101°F.; pulse 112; respiration, 40. Signs of consolidation present. Reduced the quinine and gave an expectorant of ammonia, glycyrrhize and syr. tolu.

This case made a complete and uninterrupted recovery, and on the 20th April—fifteen days after my first visit—the lung had returned to its healthy normal condition, the case having terminated by resolution.

Remarks.—The initiatory convulsion, high fever, rapid pulse, and violent delirium, with ataxia so early, led me to think it might be an acute meningitis, due to disease of the petrous portion of the temporal bone, which would also explain the occurrence of suppurative otitis, the discharge from the ear continuing for several days. But the history of the patient led me at first, before the more sthenic type of the symptoms manifested themselves, to fear the tubercular form of meningitis.

I gave an unfavorable prognosis, and requested consultation on Sunday evening. But

the friends thought it useless. So the case, fortunately for me, remained under my care.

The case was doubtless one of central pneumonia from the beginning, as the termination would necessarily preclude any possibility of meningeal inflammation. There was probably an unusual amount of cerebral congestion accompanying it.

The ear trouble proved to be an abscess in the external meatus, which discharged for a fortnight, and then ceased. The patient could hear the watch with that ear at my last visit.

Selections.

HÆMOSTATIC PILLS.—M. Huchard (*Lyon Med.*) uses pills prepared according to the following formula for hæmorrhages from whatever cause:

| | |
|---------------------------|--------------------|
| Ergotin..... | } each, 30 grains. |
| Sulphate of quinine..... | |
| Powdered digitalis..... | } each, 3 grains. |
| Extract of hyoscyamus.... | |

Divide into twenty pills, of which from five to ten are to be taken daily. The ergotin and quinine are introduced because of their vaso-constrictor action; the digitalis and hyoscyamus with the double view of regulating the heart and diminishing the nervous irritation.—*N. Y. Med Jour.*

"Prof. S. W. Gross brought a case of gumma of the breast before the class last season, which was interesting, both because of the infrequency of its occurrence, and of its resemblance to malignant disease. Gumma of other parts of the body are met with almost every day in hospital practice, but it is extremely uncommon to find this manifestation of the syphilitic poison on the female breast. The patient, who was 28 years old, and appeared to be in good health, complained of trouble in the left breast. Examination showed a cake-like superficial tumour involving the skin and subcutaneous connective tissues. The skin over the tumour was livid in color, and the nipple was retracted into it. These signs apparently pointed to superficial scirrhus. But from the absence of pain, and axillary involvement, as well as the history of a dissolute husband and three miscarriages, Professor Gross concluded that it was a gumma.

The woman was put on the mixed specific treatment, and the tumour disappeared in a short time."

PERMANGANATE OF POTASSIUM.

Mode of prescribing permanganate of potassium. As this salt is so readily decomposed, yielding up its oxygen to any organic matter present, it is obviously necessary to be very careful in preparing and administering it. It should be given dissolved in pure water, or in compressed tablets or pellets. I have used the compressed tablets of Messrs. John Wyeth & Brother, of Philadelphia, which contain no excipient, and are, therefore, entirely free from objection, the material being simply compressed without the addition of any foreign material. They are readily administered in this form, or they can be dissolved in pure water, whenever a solution is desired. These tablets are typically adapted to the purpose—indeed present advantages not possessed by any other possible mode of administration.

Ordinary distilled water, after standing a few hours exposed to the air, begins to exhibit evidences of turbidity, due to the growth of an organism, a penicillium, and after some days it becomes so much clouded with organic matter as to be unfit for the solution of permanganate of potassium. River water or rain water boiled and filtered may suffice for immediate use but whenever it can be obtained, fresh distilled water should be employed for this purpose. A pellet of this salt may be used to determine the requisite freedom from organic matter. Dropped into the water under examination, the beautiful violet colour imparted to it should not be discharged. The prompt disappearance of the colour signifies the absence of chemical agencies fatal to the permanence of the salt. The solution should be well diluted when taken, and should be given when the stomach is empty. A small dose repeated at short intervals, say a grain or two every half-hour, until four or six grains have been taken, is preferable to the exhibition of this amount at one dose. Given in this way, and commencing the administration in about four hours after meals, the diffusion of the salt into the blood is, probably, secured. There are two periods during the day when the administration of the remedy can be

practised—the proper interval after breakfast, and after dinner or luncheon. The same considerations should govern the administration of the pellets or compressed pills, undissolved, and sufficient pure water should be taken after them.

Having more or less irritating quality, permanganate of potassium is contraindicated in cases of acute inflammation of the stomach. It is specially indicated in chronic *gastric and gastro-intestinal catarrh*, accompanied by fermentative changes in the food. Eructations of gas, vomiting of a yeast-like material containing *sarcinae*, and an acid fermentation of the starchy and saccharine constituents of the food, are relieved often very promptly by the administration of this salt. As the action is intended to be restricted to the stomach contents, the proper time for the administration of the remedy is two or three hours after meals.

When the catarrhal process extends into the duodenum, and involves also the bile-ducts, this remedy has seemed to be highly efficient. Beside the evidences of stomachal and intestinal indigestion there is present more or less biliousness, manifested in a muddy complexion, yellow conjunctiva, high-coloured urine and a general *malaise* due to the presence in the blood of immature materials and unoxidized products of the retrograde metamorphosis. This is a very common state of things, and is the result of several factors: improper feeding, catarrh of the gastro-intestinal and hepatic mucous membrane, and imperfect preparation of the food for absorption. The permanganate, in this condition of things, does good in several directions: it checks fermentation of the food elements prone to this process, acts favourably on the catarrh of the mucous membrane, but especially promotes oxidation in the tissues undergoing metamorphosis, and whilst it thus stimulates metabolism, helps to consume in the normal way the products of waste. Uric acid which appears in the urine, under the action of permanganate of potassium is converted into urea, the form in which it is normally excreted.

One of the most important therapeutical applications of the permanganate of potassium, and a recent discovery, is in the treatment of *amenorrhœa*. We owe this valuable improve-

ment, as indeed many others, to Drs. Ringer and Murrell. They have shown that this remedy is remarkably certain when applied in suitable cases. Given in doses of two to five grains three times a day, for several days preceding the menstrual menses, this agent is quite sure to start the flow. The kind of case to which the permanganate is adapted is that characterized by torpor, anæmia, or deficient activity of the menstrual apparatus. On the other hand, it is contraindicated whenever an acute congestion or a general condition of sthenic reaction exists. Confirmatory evidence has been offered in this country, as well as in England and on the Continent. For example, we find the following coming from Russia: Dr. S. M. Lvaff prescribed it in ten cases of *amenorrhœa*. In seven of these the remedy succeeded—the menstrual function was restored to its normal activity. The good results achieved by the use of the permanganate in *amenorrhœa* induced by Dr. A. V. Vargunin to essay its administration in *dysmenorrhœa*, characterized by scanty menstruation and anæmia. In this case, also, the result was fortunate, and complete relief was obtained. Congestive or mechanical *dysmenorrhœa* are conditions not suitable for the action of such a remedy.—*Extracted from Roberts Bartholow's article, N. Y. Med. Journal.*

ANTIMONY IN ECZEMA.

Dr. Hardaway made the following remarks at the St. Louis Medico-Chirurgical Society:

I would like to mention the result of some new remedies in skin diseases which may interest all. Some time ago I remember when Dr. Malcolm Morris' new book came out, among other things that were recommended in acute eczema was tartar emetic; this was recommended in acute cases, in very small doses, of course. This had been recommended by Cheadle, and Morris indorsed the remedy. Since that time Morris has called attention to the value of the wine of antimony. He has used it in a number of cases of different forms of skin disease, frequently in eczema. I have used it largely in several dozens of cases and the results have been very satisfactory; indeed, I was very much surprised. Morris begins with four drops and increases to

seven and a half of the wine of antimony. I have tried it in a number of cases, not selected cases, and I must say that the result has been most satisfactory in controlling the itching, which is always the principal factor in keeping up the disease. I have given it in acute and chronic cases of eczema and I have given it in pruritus and in nearly every instance the result was to stop the itching. My experience is not large enough to say in what cases it is indicated and in what it is contra-indicated; but so far as I have given it, it has been very satisfactory. For example, I found that in acute, vesicular eczema it has done well, alleviating the itching; and I found in chronic papular eczema, where as you know the itching is most intense, that it has relieved the itching very markedly and sometimes absolutely abolished it. I have used it in some cases of pruritus with good results. If the pruritus depended upon some mechanical difficulty, of course it would be only a palliative measure, but it is satisfactory to have some such remedy. What its action on the skin is I do not know, but it certainly does less harm than arsenic. The use of arsenic in acute skin diseases is very general and very pernicious, and arsenic does not control the itching. A desideratum has always been with dermatologists to get something to take the place of salves, lotions, etc., and recently in Germany, Pick, of Prague, has formed a gelatine cake; it is gelatine and water made into a cake and combined with a certain proportion of chrysophanic acid, or other drugs. Still later, Professor Kaposi, of Vienna, has substituted gutta-percha, and particularly with the use of chrysophanic acid. It is rather a curious fact that I have had a patient suffering from psoriasis who was by trade a manufacturer of printer's rollers; he had an inveterate psoriasis. Now in the manufacture of printer's rollers, gelatine is used, and this gentleman experimented a little himself, and got to use it, as I know, because I saw it applied to his person before Professor Pick's article appeared. The gutta-percha solution is much better than gelatine. The gelatine process was modified afterwards by Unna, of Hamburg, by adding a certain amount of glycerine; but the difficulty was found to be that it was smeary. The advantage in using

gutta-percha, is that it dries immediately, and by using five or ten per cent. of chrysophanic acid, and painting it on with a camel's hair brush, we have much more satisfactory results. It enables us to brush it in, which is an advantage because it remains fluid a few minutes and enables us to brush it in before it is solid. I have used tar, but tar being oily is objectionable. With gutta-percha, you can paint the patches and in a few minutes it is dry. This solution sets closely and only peels off gradually. If you use it too strong or too frequently, you will get a characteristic dermatitis, so one must be very careful as to the strength. Five per cent. or a little more is sufficient. Then, finally, in this same line of investigation, Dr. Unna, of Hamburg, introduced what he calls—well it is difficult to translate it—however he takes muslin with very wide meshes and diachylon ointment; he then scrapes the side that goes outside and lets the ointment remain on the inner side; this is cut into pieces, and in some cases it acts admirably. In erythematous eczema of the forehead, where we want to make an application, it can be kept on very admirably, where the use of ointment would be disagreeable; we can take these pieces cut just to fit, and thus we have a constant application; it is also advantageous in case of eczema of the fingers and hands or other places where we want to make any application. Another remedy that fulfils the same indication has been suggested by Lassar. I may say here, that the Germans are becoming very practical therapeutists in this department of medicine. Lassar makes a mixture of half a drachm of salicylic acid, half an ounce of oxide of zinc and starch, and two ounces of vaseline. When put on the skin where there is no great heat or moisture, it dries, and the vaseline disappears, and you have a coating of salicylic acid and starch left on the surface which is very difficult to rub off, and in some cases it is very advantageous to use this remedy. These are a few things that have recently been mentioned; the wine of antimony is something quite useful, and as far as my experience goes is quite satisfactory.—*Courier of Medicine.*

Dr. Buchanan has again been arrested in Philadelphia for issuing bogus medical diplomas.

Dr. Austin Flint, jr., adds four more cases of diabetes to the fifty two reported to the American Medical Association. The patients were placed on strict anti-diabetic diet and Clemens' solution of arsenite of bromine, beginning with three drops, increased to five, was also given. Of these four cases three were permanently relieved. In conclusion he adds: "Diabetes has become to-day a disease easily and certainly curable provided that the treatment be not begun too late."—*Med. Compend.*

THE TREATMENT OF POLYURIA. — Lunin (*Jahrb. f. Kinderheilk*) reports a confirmed case of polyuria in which the daily amount of urine was reduced within a week from eight to five litres by seven-grain doses of salicylate of sodium. Valerian was then given (an infusion of the root, 1 part to 20 of water), with the result of further reducing the amount to two litres and a half. Within three weeks the amount of urine fell almost to the normal, and there was a decided improvement in the general condition of the patient.—*N. Y. Med. Journal.*

TO DESTROY THE ODOUR OF FOUL BREATH, THE SMELL OF THE AXILLA, AND THE FETOR OF THE SWEAT OF THE FEET.—

R. Potass. permanganat. gr. vj.
Aque ʒvj.

Sig.—Apply frequently.

It is a fact too little appreciated by physicians that success in practice often depends more on attending to some such trivial affection as the above than on the successful management of a complicated medical or surgical case.—*Medical Monthly.*

INGROWING NAILS.—Pure carbolic acid does better than any other remedy for ingrowing nails. The 95 per cent. acid runs in between the nail and the irritated flesh, and allays the irritation. In every case where it has been used, the *Boston Journal of Chemistry* reports that the pain ceased at once, and immediate recovery ensued.—*Med. Summary.*

THE TRUE VALUE OF NERVE STRETCHING IN THE TREATMENT OF THE PRINCIPAL SYMPTOMS OF LOCOMOTOR ATAXY.—At the congress of German naturalists, held at Salzburg, last September, the question of the value of nerve-stretching in locomotor ataxy was thoroughly discussed, and all were agreed that, after a transient stage of amelioration, the disease advanced unchecked. This opinion has since been confirmed at the meeting of the Verein für innere Medizin of Berlin, held on the 31st of October, when Drs. Bernhardt, Leyden, Litten, Goldammer, and Israel cited numerous facts which placed the conclusion beyond doubt, that elongation of the great nerve-trunks in locomotor ataxy can lessen the darting pains for a few weeks, and renew cutaneous sensibility and equilibrium; but the pains, driven from their original seat, appear in the trunk, the loss of equilibrium is soon more marked than before, and the skin again loses its sensibility.—*Deutsche Med. Woch.*—*Medical Monthly.*

ESSENTIALS FOR THE SAFE ADMINISTRATION OF ETHER.

Dr. David W. Cheever concludes an article on the administration of ether in the *Boston Medical and Surgical Journal*, by giving the following essentials for its safe use:

An empty stomach.

A loose neck.

A free abdomen; no corsets or skirt bands.

Removal of artificial teeth.

An easy semi-recumbent position.

A sponge wrapped in towels for the ether.

A gag and forceps for the tongue.

When stertor occurs, the patient should be tipped forward, the cheek opened with two fingers, the tongue drawn out, the fauces swabbed. To insure safety, the surgeon should hear every respiration of the patient.

Anæsthesia from sulphuric ether is of two forms:

1. Primary anæsthesia, which is a moment of confusion coming on after a very few inspirations. At this moment a felon can be opened without pain, and the patient wake at once.

2. Comatose anæsthesia, for prolonged opera-

tions. Ether may be given almost indefinitely. To relieve the hopeless agony of tetanus, I have had it administered for twenty-four hours.

If you would avoid asphyxia, nausea and headache, and be safe, use only the best and the purest anhydrous sulphuric ether.—*Medical Chronicle*.

SKIN GRAFTS FROM THE FROG.

Dr. William Allen (*Lancet*) finds that bits of skin from a decapitated frog make grafts which admirably answer all purposes, forming a source of supply always at hand in the country, except during the winter months, being easily employed on account of their uniformity in thickness, and necessitating no pain to suffering humanity. The skin of a single frog yields grafts for an enormous extent of surface and preserves its vitality so long that, if the patient is at a distance, the portion of skin required can be carried by the surgeon in his pocket for an hour or more without injury, provided it is wrapped up in gutta-percha, or other waterproof tissue, to prevent drying. As witnessed in three cases, the frog grafts at first act as human grafts are known to do, but later on their behaviour is different. Thus, soon after being applied they disappear, but after a short time they appear again as a thin transparent film on the surface of the granulations, some of the films being raised in the centre and depressed at the edges, forming small conical elevations. At this period the skin at the edge of the wound takes on a very rapid growth, but, curiously enough, the grafts themselves grow but little, and some stop growing altogether, this being so different from what occurs in the case of human skin grafts. If the wound or ulcer is a large one, the rapidity of epidermal growth at the circumference also soon diminishes, unless stimulated afresh by a second application of grafts, so that often a series of settings of grafts is needed before the granulations are closed over with skin. Material for graft-making, however, being so easily procurable, the large quantity of seedlings required offers no difficulty.

Dr. Allen applies to this process the views

of Stricker regarding the existence of sexes in the tissues. The colonies of epithelial corpuscles at the edges of the ulcer remain quiescent through lack of one sexual element, which the grafts no sooner supply than reproduction rapidly sets in, fertilization being probably brought about through the medium of the fluid which bathes the surface of the granulations. If the sexual theory accounts for the process, the skin that grows after the application of the frog grafts must be of the nature of a new breed, a cross between human and frog epidermal elements. The disproportionate growth between the frog grafts themselves and the circumferential epithelium in no way invalidates this supposition, seeing that a somewhat analogous condition exists among animals when families of the same species are crossed with one another, fertility being greatest on the side that tends to degeneration, and less on the side that aims at a higher development.—*Journal American Med. Association*.

CRYSTAL PEPSIN.—The surgical value of pepsin as a dissolvent is well shown in a note in the *Northwestern Lancet*. The editor of that journal states that he was once called upon to relieve the distress occasioned by a bladder distended with clotted blood. He injected a scruple of Jensen's crystal pepsin in an ounce of warm water, and had the satisfaction of seeing the patient pass a full stream of urine and disintegrated blood, in less than twenty minutes.—*Med. and Surg. Reporter*.

RESORCIN IN THE TREATMENT OF POISONED WOUNDS.—Andeer (*Monatsh. f. prakt. Dermat.*) reports a series of cases in which dissection wounds accompanied by inflammation of the lymphatics, and in some cases by constitutional disturbance, were treated with applications of an ointment containing equal parts of resorcin and vaseline. The urine showed the greenish color indicative of the absorption of the drug, and in every case the pain and inflammation were relieved within a few hours.—*N. Y. Med. Journal*.

REDUCTION OF ISCHIATIC LUXATION BY FORCED EXTENSION OF THE THIGH AND ROTATION OUTWARDS.—Dr. Angé reports a case of luxation of the hip in a child. The injury was received by a load of wood falling upon him, throwing him backwards. The legs were close together, the left leg extended, and the thigh slightly flexed upon the pelvis—the limb was adducted—the summit of the left knee over the internal condyle of the right femur, the internal border of the left foot resting partly on the bed—the patient lying on his back. There was slight shortening. There was a depression at the cotyloid cavity, the trochanter prominent and carried outwards and forwards, the gluteal fold raised, and the femoral head could be felt in the gluteal region—movement is painful, adduction and rotation inwards possible, but abduction and rotation outwards impossible. The usual methods of reduction proved unavailing. The child was then turned on its face, and the thigh forcibly extended by being seized above the knee and slowly extended upon the buttocks, and rotated outwards, when the head slipped into the acetabulum. Recovery was complete and satisfactory.—*Jour. de Méd. de Paris.*

R. B. N.

LITHOTRIPTIC POTION.—(Pecker.)

| | |
|--------------------------|------|
| Borate of ammonium | ℥ij. |
| Distilled water | ℥iv. |
| Simple syrup | ℥ss. |

Tablespoonful in plenty of water every two hours. For nephritic colic.—*Jour. de Méd. de Paris.*

CHARCOT'S JOINT DISEASE.—A very important discussion of this subject has recently occurred at the London Clinical Society. The names of the prominent men who participated in the debate are a sufficient assurance that the question was illuminated with the light of the best minds of the profession. The general tendency of the meeting was to consider the affection not as a distinct disease, but rather as a form of chronic rheumatic arthritis occurring in patients with locomotor ataxia. There was a disposition on the part of the surgeons present to regard the nervous theory of its production as rather an imaginative way of explaining a gross surgical condition.—*N. Y. Med. Jour.*

ARBUTIN IN THE TREATMENT OF CATARRH OF THE BLADDER.—Schmitz (*Centralbl. f. klin. Med.*) says that arbutin, which becomes changed within the system into hydroquinone, a body having the formula $C_6H_6O_2$, is a valuable remedy in vesical catarrh. He suggests the following as a convenient preparation:

| | |
|-----------------------|------------|
| Arbutin | 75 grains; |
| Distilled water | 7 ounces. |

Dose, one tablespoonful every two hours, containing about eight grains of the drug. A marked improvement in the condition of the urine is noticed within two or three days after beginning the treatment. The writer speaks in rather a guarded way concerning the usefulness of this remedy, and admits that its high price forms a decided objection to its general use.—*N. Y. Med. Jour.*

ATROPIA IN CHLOROFORM INHALATION.—Referring to death by syncope during anæsthesia by chloroform, Poirier refers to the experiments of MM. Dastre and Morat, in which they utilize the known power of belladonna to paralyze the moderator nerves of the heart. Experiments were first made on dogs, and the results obtained were so encouraging that Aubert, Gayet, and Tripier, surgeons, of Lyons, were induced to try it on the human subject, and they obtained gratifying results.

The following solution was employed:

| | |
|--------------------------|---------|
| Atropiæ sulph. | ℥gr. |
| Morphiæ hydrochlor | 1½ grs. |
| Aquæ dest | 2½ ℥. |

Hypodermic injection of a Pravaz syringe-ful was given from twenty to thirty minutes before the inhalation of the chloroform. The advantages of this procedure, which is now daily practised in the hospitals of Lyons, are the following: Security, greater rapidity with which anæsthesia is produced, absolute quiet of the patient, ease with which consciousness returns, and simplicity of results.—*Le Progrès Medical.*—*Medical News.*

TREATMENT OF EPITHELIOMA OF THE NECK OF THE UTERUS.—Dr. Cérón, referring to the Italian experiences with this practice, employs the nitrate of lead in ulcerating epithelioma of

the uterine neck. After cleansing the surface with charpie moistened with glycerine, or washing out the canal with perchloride of iron solution if there is much oozing of blood, he applies to the ulcerated surface with an insufflator the following powder: Plumbi nitrat. purif., ʒi.; Lycopodii, ʒij. The powder is kept in position by a suitable tampon. Under the action of this preparation the suppuration diminishes sensibly and the odour disappears. The hæmorrhages are also suppressed. After twelve or fifteen of these applications, the engorgement of the cul-de-sac diminishes, and the general health is greatly improved.—*Journal de Thérapeutique*.

THE NERVE-COUNTERFEITS OF UTERINE DISEASES.

Gentlemen,—The crying medical error of the day is, in my opinion, the mistaking of nerve-disease for womb-disease. From this widespread delusion it has come to pass that no organ in the human body is so overtreated and, consequently, so maltreated as the womb. Fine lesions of nerve-ganglia are hard to make out, however exacting their symptoms. Take, for instance, insanity or epilepsy; even in the dead-room their lesions often elude our instruments of precision. But the womb, unfortunately, being reachable, seeable, and directly treatable, is charged with almost all the ills that female flesh is heir to; and it is too often made the scapegoat for headaches and nape-aches, for spine-aches and backaches, and for various other so-called uterine symptoms which may be due solely to nerve-exhaustion, or malnutrition of nerve-centres, and not to reflex action from some real or supposed uterine disorder. Then, again, misled by traditional teaching, by such a name as woman (womb-man), by such a misnomer as hysteria (womb-disease), we yoke our practice to theory. So whenever we find a train of hysterical symptoms associated with a disordered or displaced womb in a *womb-man*, we jump with doubled energy to the conclusion that the uterine lesion is not a symptom, or a sequence, or a coincidence, but the factor, and at once proceed to treat it accordingly. Then, again, forgetful that the imponderables are great forces

in nature, that a single mental stimulus to unstable nerve-molecules will awaken many reflexes, we overlook the tyranny of woman's oversensitive organization, and underrate the influence of nerve perturbations or of psychical disturbances.

To substantiate these assertions, let me recall a case to your memory: Six weeks ago to day I brought before you a very helpless invalid, who, accompanied by her husband and her sister, had just arrived from one of our Southern States after a long journey made on a litter in a baggage-car. She was a large, stout, and well-conditioned woman, forty-two years of age, and the mother of several children. Eleven years ago she gave birth to her youngest child. The labour was easy, but her getting up was slow, and when she tried to walk she suffered so much pain that before long she took to her bed, where she had stayed ever since, growing more distressed and more helpless every day. During all this time she had, to use her own language, "been doctored for womb-disease," but without benefit. She could lie in only one position, viz., partly on her right side and partly on her back, with her knees drawn up and her hips higher than her head. To keep this unnatural and ludicrous position, a large folded blanket and half a dozen pillows were needed. Then she had a thick pad placed between her knees and a perforated one under her right ear. In addition, "to keep her womb up," she wore a formidable looking abdominal brace. Her lower limbs were, she alleged, paralyzed, and, in fact, as you will remember, I thrust a pin several times into them below the knee without inflicting the slightest pain. Her appetite was poor, her bowels extremely costive, her monthly periods regular, but painful and somewhat free. She was wakeful at night, full of aches and pains, and had an irritable bladder, which kept her and her nurse pretty busy. Her feet and hands were always cold, and she complained of being always very tired. A more helpless creature could hardly be met with; a more padded and bolstered and upholstered one I never saw before.

But the case turned out more promising than it at first looked. As soon as I had laid eyes on the woman, and had asked her a few

questions, I felt sure that her mind was more diseased than her body, and that she was, in short, hysterical. These conclusions were arrived at for the following reasons: *Firstly*, she was too well nourished for a person with any serious uterine disease. *Secondly*, her skin, excepting that on her legs, was so over-sensitive that she would not let me palpate her abdomen, or make a vaginal examination. *Thirdly*, there was a suspicious capriciousness about her pairs; they were too irregular and shifting for fixed organic disease. *Fourthly*, there was an indescribable affectation of suffering, and exaggerated self-consciousness which made her enjoy the description of her aches and pains. *Fifthly*, she wore the tell-tale hysterical mask; that is to say, while she spoke of her sufferings in language and tones consonant with their alleged severity, there was no play of the features, no movement of the facial muscles; her face was as blank and unmeaning as a mask. Lastly, her history revealed two nerve-shocks: the sudden death of one of her children just before her lying-in, and a family trouble—a skeleton in the closet—which had worried and fretted her for many long years.

You will remember that, in order to make a thorough diagnosis, I was obliged to put her under ether, and the following information was gleaned: The vagina was flabby and lax; the womb perfectly movable, but somewhat lower than it should be; the os externum slightly torn, but not enough to warrant an operation. The sound gave a measurement of barely three inches, and there were the usual signs of uterine catarrh. Now, such lesions should not make a woman bedfast. Many a poor woman is earning her daily bread by hard labour, and many a lady is faithfully discharging her social and domestic duties, although handicapped by reproductive organs in a far worse plight than our patient's. So I told you, then and there, that she was bedridden from her brain and not from her womb; and that I should pay very little attention to the latter organ, which had already been overtreated.

To-day, after the lapse of six weeks, I, with no little pride, bring her again before you, to show you the result of the treatment. The uterine lesions are not much better, and they

probably never will be until the change-of-life; yet her pads, and pillows, and bolsters, have been laid aside, and her abdominal brace is no longer in use. Her last period was still free, but without pain. She moves about, as you see, without difficulty. She goes upstairs and downstairs all over this large building, and she has walked several of our long squares in the streets. Yesterday she rode in the street-cars to a dentist, two miles away, and had six fangs out. To-morrow she starts alone for home. Now, what has brought about this marvellous change? And why is she so well when her uterine troubles still exist? These are the questions which I know you are asking yourselves, and I shall try to answer them as soon as she is out of hearing.

Before making this case the text of my lecture to-day, let me briefly allude to another one which I have lately treated in my private hospital, and which is a sample of many others. A very weak and emaciated lady, sent to me for uterine trouble, had ptosis of the right eyelid, complete paralysis of the lower extremities, and such anæsthesia in them that the prick of a pin could not be felt. She also had irritable bladder, weariness, wakefulness, costiveness, and cold feet. Further, she had a retroversion of a hypertrophied womb, which had been very ably treated by her physician. These uterine lesions had drawn him off the scent, and had led him to the belief that they alone were the causes of her ill-health. But my reasoning was this: Why, if so, is she still helpless when the womb is kept in place by the pessary which she is wearing? I soon found out the true cause, which was mental distress at the engagement of her daughter with an unsuitable person. Without local treatment of any importance, and simply by moral and constitutional remedies, she left me in seven weeks' time, not cured—for she did not stay with me long enough—but so immensely improved that the ptosis, the paralysis, and the loss of sensation had disappeared; the constitutional symptoms had vanished; she had gained much flesh, and was able to walk about with the aid of a cane. Of course the cause of her worry was not removed, but the effect of the treatment made her better able to bear it, and not to exaggerate it.

I know of another sofa-ridden lady, of wealth, who had for many years been locally treated by some of our best gynecologists. She was put on her feet and made well by a family quarrel resulting in a prolonged law-suit. These are the cases which are so constantly being cured by mesmerists and itinerants, and by faith and pilgrimages. I could give you the history of other such bedridden cases sent to me for uterine treatment which, without any such treatment whatever, were restored to health. Many cases I have had which, of course, needed, in addition, some local treatment; but what I wish strongly to impress upon you to-day is that, in the vast majority of bedridden or of sofa-ridden women, it is not so much any existing uterine trouble that puts them on their backs as it is nerve-exhaustion from some nerve-shock. For in these days of mental overstrain, nerve-exhaustion, or neurasthenia, as it is technically called, is a most common disorder in our over-taught, over-sensitive, and over-sedentary women. It manifests itself by hysteria; by spinal irritation; by a lack of nerve-coördination, and by a crowd of reflex symptoms, among which those of a uterine complexion often overshadow, and indeed outlast all the others.

I have not the time to go into a study of that marvellous kinship which exists between mind and matter; but let me draw this too common picture from life: A young girl who entered puberty in blooming health, with red cheeks and without an ache, is overtaken and overtaxed at school, and her health begins to fail. She loses her appetite, lies awake at night, and grows pale and weak. She has cold feet, blue finger-nails, and perhaps complains of inframammary and ovarian pains. Headache and backache, and spine-ache and an oppressive sense of exhaustion, distress her. Her monthly periods, hitherto without suffering, now begin to annoy her more and more, until they become extremely painful, and at these times dark circles appear under her eyes. Her linen is stained by a leucorrhœa, and bladder troubles soon set in. She is wearied beyond measure by the slightest mental or physical exertion; the short visit from a friend will upset her for the rest of the day; a grasshopper is a burden to her, and she finally

becomes very nervous or hysterical. Now, very unfortunately, the idea attached to this group of symptoms is that the womb is at fault. A moral rape is, therefore, committed by a digital or a speculum examination, and two lesions will be found—firstly, as a matter of course, the natural virginal antelexion, and secondly, a slight uterine catarrh. These are at once seized upon as the prime factors, and she is accordingly subjected to a painful, an unnerving, and a humiliating treatment for the flexion and the endometritis. Unimproved, she drags herself from one consulting-room to another, and finally, in despair, she settles down to a sofa in a darkened room and becomes the spoiled pet, or the vampire of the family.

Now, Gentlemen, ten to one—yes, a hundred to one, for I speak from a large experience—this overwearied brain-crammed girl needs a uterine treatment no more than you need one. Her antelexion is natural; her leucorrhœa merely a passing symptom. She has simply jaded nerves,—worn-out ganglia, and unless they are treated, and in the way that I shall presently indicate, she is probably doomed to hopeless invalidism.

You will naturally ask me, what is the explanation of such misleading symptoms? What means this headache, this backache, these uterine and vesical symptoms? What is the interpretation of these counterfeits of organic mischief? The precise pathology I cannot pretend to give, for the mystery of life has never been solved, and cerebration and innervation are still the riddles of the sphinx; but I take it to be essentially malnutrition of nerve-centres followed by disturbances in the circulation of the nerve-fluid, and consequently of the blood. The nerve centres of this brain-crammed girl, or of the worrying, fretting, and grieving women, to whose cases I have just referred, were unable to bear the strain thrown on them, and they broke down. But jaded nerve-centres make poor blood and faulty circulation, and from these come cerebral and spinal irritation and general exhaustion.

For the treatment of this disease we are indebted wholly to one of our Trustees, Dr. S. Weir Mitchell, and to him we owe a large debt of gratitude for teaching us how to cure cases

which had hitherto been the opprobrium of the profession. In the treatment there are five ends to be secured—nutrition, sleep, rest of body and of mind, freedom from pain, and an equable circulation.

The question of nutrition is an important one, because these women are either wholly without appetite, or they reject wholesome food. Repair not equalling wear, the starved brain cannot repose, and the starving nerves clamor. By beginning the treatment with iron, with malt, and with a diet of skimmed milk, usually, after a week's time, the patient begins to crave solid food. Fixed rations of wholesome food at fixed hours are now given, together with as much new milk between times as the patient can possibly digest, and it is wonderful how much food a delicate woman can dispose of. A goblet of milk is always given at bedtime, so as to distract to the stomach the morbid self-attention of the brain. Also for its soothing and hygienic effects the patient's body is bathed every day by the nurse. By these simple measures fat is rapidly made, sleep is induced, and nerve pains are allayed, in invalids who have been reduced to the last degree of emaciation, and who have hitherto resisted every kind of treatment, even a local one, for supposed or for real uterine troubles.

Seclusion is indispensable, first to free the mind from care, and next, to remove the invalid from the injurious home environments. The therapeutic effects of massage and of electricity on the circulation are very striking in nerve-exhaustion; but, while very analogous in their action, they need a somewhat extended explanation. The four principal movements of massage are:

1. Stroking, friction, or surface rubbing.
2. Kneading, or deep rubbing.
3. Tapping, or percussion.
4. Passive and active motion, by movements of flexion, abduction, adduction, and rotation, the patient either being passive or resisting.

The first two pleasantly stimulate into action the vaso-motor nerves, and the terminal filaments of cutaneous nerves. They also exercise the muscles without volition, and, therefore, without expenditure of nerve-force. Electricity does the same thing. Now this is a very

important item in the treatment, for all voluntary muscle-work is nerve-work, and the nerve-capital in these cases is too small to be drawn upon. Percussion made by quick strokes with the ulnar margin of the palm, or with a wet towel, or with two rubber balls mounted on whalebone stems, temporarily stuns the nerves; and these surprises effect molecular changes, by which lax fibre and tissues of loose consistency are strengthened. Again, both massage and electricity raise the body temperature, stimulate the nervous system, promote the secretions, and increase the peristaltic action of the bowels.

In all my cases the interrupted current was most commonly used, the galvanic current being reserved for stubborn and deep-seated pains.

The foregoing treatment was the one to which our patient of to-day was subjected, and to which she so marvellously responded. Of local applications she had but four, and these were made more for the moral effect than for any hygienic purpose.

This treatment answers admirably also for the spurious womb-ails and nerve perturbations of the climacteric. Nothing so truly controls the heats and chills, the shiverings and sweatings, the nerve-tinglings and emotional explosions, so common at the change of life. Of course, it would be unreasonable to suppose that all local treatment is to be excluded from the Rest-cure, as it is technically called. Putting a woman to bed cannot cure a torn cervix, or a cervical stenosis, or an acutely bent womb. But, what I claim for it is, that it has in my hands cured granular erosion, menorrhagia, intermenstrual ovargia, prolapsed ovaries, coccygodynia, and most of the diseases arising from passive congestion. It certainly is a specific for amenorrhœa, or for scant menstruation, and also for dysmenorrhœa when not dependent upon a sheerly mechanical cause. While in the treatment of the reflex uterine symptoms of nerve exhaustion, nothing can compete with it. The lesson, then, which you will take home with you to-day is, that urgent uterine symptoms are not always evoked by uterine disease, and that there exist many nerve-counterfeits of uterine disease.—*Extracts from clinical lecture by Dr. Goodell, Medical News.*

THE EXTERNAL USE OF CHLOROFORM IN LABOUR.—The *Chicago Medical Journal and Examiner* calls attention to a peculiar method of using chloroform in labour, which originated, it is said, with Dr. A. Svanberg, of Sweden. This doctor claims to have found that, in severe cases of labour where rigidity of the os has caused an obstacle to delivery, the external use of chloroform is very advantageous. His method consists in applying a piece of flannel soaked in a mixture of chloroform and sweet-oil (one to one or two to one) to the abdomen between the symphysis and navel. Then by light strokes over the cloth he makes sure that it is close to the skin. In severe cases (after five minutes) he pours on more of the mixture. After from five to twenty minutes Dr. Svanberg always finds that the rigidity is so much lessened that any desired manipulations, such as turning, may be performed.

Five cases are reported, illustrating the efficacy of this measure.—*N. Y. Med. Record*.

PILLS FOR UTERINE HÆMORRHAGE.—Gallard, according to the *Jour. de Méd. et de chir. prat.*, uses pills made as follows :

Ergotin,

Subcarbonate of iron, each... 180 grains;

Sulphate of quinine 36 "

Powdered digitalis..... 18 "

Divide into one hundred pills. Four to be taken daily.—*N. Y. Med. Journal*.

COCAINE IN VAGINISMUS.—Dujardin Beaumetz reports a case of vaginismus in which painting the internal surface of the labia minora and the entire circumference of the vaginal orifice, with a four per cent. solution of the muriate of cocaine, so relieved the pain that no spasm was produced on the introduction of a speculum, whilst before the painting not even the finger could be introduced without giving rise to the most severe pain, followed by spasmodic closure of the orifice.—*Jour. de Méd. de Paris*.

R B. N.

Puck says that the medical student and the young man who writes for the newspaper are very much alike, in this—that frequently each is in want of a subject. The subjects are also often alike in that they are pretty sure to get cut.

TREATMENT OF PLACENTA PREVIA.

Turn by the bimanual method as soon as possible, pull down the leg and tampon with it and with the breech of the child the ruptured vessels of the placenta. *Do not extract the child then*, let it come by itself, or at least only assist its natural expulsion by gentle and rare transactions. Do away with the plug as much as possible; it is a dangerous thing, for it favours infection and valuable time is lost with application. Do not wait in order to perform turning until the cervix and the os are "sufficiently dilated to allow the hand to pass." Turn as soon as you can pass one or two fingers through the cervix. It is unnecessary to force "your fingers through the cervix" for this. Introduce the whole hand into the vagina, pass one or two fingers through the cervix, rupture the membranes, and turn by Braxton Hicks' bimanual method. Use chloroform freely in performing these manipulations. If the placenta is in your way, try to rupture the membranes at its margin; but if this is not feasible, do not lose time, perforate the placenta with your finger, get hold of a leg as soon as possible, and pull it down.

Up to this moment the treatment is an energetic active one. Experience shows that flooding now ceases. The next part of the treatment is of an expectant nature. A quick extraction made now would cause rupture of the cervix and fatal postpartum hemorrhage. Wait, therefore; give the patient time to rally her powers, wait until pains set in, and then assist nature by exerting slow and gentle tractions. If the child is in danger during this time, let it run its risk, let it die if necessary, but do not endanger the mother by quick extraction.

Cervical laceration is always a dangerous thing; it is particularly dangerous, however, in placenta previa, on account of the great vascularity of the tissue of the cervix and its liability to rupture. Atony of the uterus is also a disagreeable complication, especially in cases of placenta previa, where there generally is not much blood to lose. Both these dangers may be got rid of by an expectant treatment after turning. Pains generally set in quickly, the cervix distends rapidly, and the child is born

generally between one and two and one-half hours after turning.

In his admirable treatise on placenta previa, Sir J. Y. Simpson says: "*Two great sources of danger*, in fact, require to be taken into consideration in relation to the operation of turning in each individual case of placental presentation, namely, *first*, the danger of too long a continuance of the hemorrhage, and consequently the exhaustion, and even the death of the patient, if the operation be not performed sufficiently early; and, *secondly*, the danger of contusion and laceration of the cervix uteri and its included vessels, if the operator, afraid of delay and of the effects of hemorrhage, proceeds to deliver too soon." *The method we recommend obviates both of these dangers: In turning early, it arrests hemorrhage; in allowing nature to expel the child, it prevents laceration of the cervix.*

True, no regard is taken of the child's life in acting according to such rules. This is a grave objection to the method, and must be considered at length. I will here only mention our opinion on this subject, returning to details later on. Our opinion, briefly, is that:

1st. The prognosis for the child being in all events bad in placenta previa (premature labour, anemia of the mother, disturbed circulation in the placenta, abnormal presentations of the child, prolapse of the cord and operations necessitated by such presentations); 2nd. The value of the mother's life being incomparably greater than that of the child, it is not right to allow the mother to run even the risk of fatal hemorrhage, in order to save a child's problematic life. 3rd. Our results being not worse for the children than those hitherto obtained; our results being, on the other hand, surprisingly good for the mothers, we have a right to claim superiority for our manner of proceeding.—*Lomer, in Amer. Jour. of Obstetrics.*

Official returns show a remarkable increase of suicide in France. Five years ago the number per 100,000 inhabitants was seventeen; it is now nineteen. Hanging and drowning are most popular, and next in favour are firearms and charcoal fumes. April, May and June are the favourite months of the Parisian suicide.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To CORRESPONDENTS — *We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

To SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

TORONTO, FEBRUARY, 1885.

VERATRUM VIRIDE IN PUERPERAL CONVULSIONS.

Dr. Sprague, of Stirling, whose letter appears in this issue, calls attention to the large doses of tinct. verat. virid. recommended by Dr. Thayer, as reported in our columns of last month, viz., one drachm, repeated every hour if required. This remedy given in such doses will certainly produce alarming symptoms, resembling those of collapse. It is said, however, that such effects are only temporary. Dr. Fordyce Barker has used it extensively in certain forms of puerperal fever with excellent results, but we do not know that he gives more than ten minims as his maximum per hour. It is somewhat remarkable that only one case of fatal poisoning in an adult, and two in young children have been reported. We agree with Dr. Sprague, however, that the administration of this drug in such doses as either Dr. Barker or Dr. Thayer advises requires the most careful watching; but we think there is no evidence to show that such administration will be likely to produce a fatal result. It is, of course, generally understood that the medicine should not be given where prostration exists, as indicated by a feeble pulse and cold extremities.

With reference to its use in puerperal convulsions, it is recommended in cases of the sthenic type, and is supposed to act in the same way as venesection, but the weight of evidence points to the fact that blood letting, as a depleting agent, is infinitely superior to veratrum viride in this class of patients. It should be remembered in this connection that venesection does something more than simply reduce the

pulse rate, inasmuch as it directly and promptly takes away from the blood certain noxious matters. We have no doubt that in properly selected cases the old-fashioned bleeding is a most excellent remedy, and we feel certain it is too often neglected at the present day.

A PLUMBING INSPECTOR.

At a recent meeting of the Toronto Medical Society a resolution was passed recommending the appointment by the City Corporation of a Plumbing Inspector. A large number of the cases of malaria and typhoid fever, which have been so prevalent this winter, have no doubt been caused by defective drainage.

It is very aggravating, if one can use so mild a term, for a householder, after spending an almost fabulously large sum of money on plumbing, to find that a serious defect in the drainage has been the cause of illness, perhaps death, in his family. If a competent and upright man were appointed as inspector of plumbing, many of these defects would be seen to and remedied at the proper time. In many cases, too, a large amount of money is uselessly spent on extra ventilating shafts, etc. This might be saved if the plumbing was done according to a thoroughly scientific system. We have heard of one instance in which five thousand dollars was spent in the plumbing of an ordinary-sized dwelling. Very much less than half this amount would have been sufficient for all practical purposes.

IMPURE ICE.

A point in our domestic economy on which we do well to be careful is our ice supply. We are forced to be dependent on it for a certain portion of every year, and in many ways find it necessary and useful throughout the year. It is of great importance to know the source from whence it is taken, and it is well to have this source as pure as possible, even though the ice be used purely for refrigerator purposes. There are many uses to which ice is used for cooling purposes, such as being placed on fish, meat and butter, in which it comes in contact with the substance, and is quite capable of contaminating it. Independently of drawing the supply off

a known sewage-polluted source, it is well for ice-dealers and local health authorities to consider well the sources from which the ice is cut. Large areas of practically still water, with no outlet, are apt to foster confervoid growths in summer, which, dying in the fall, pollute the water to a greater or less extent. A careful examination of these should be made before the ice is cut, for although the greater number of persons know, now, that ice does not purify water in freezing, there are a great many persons who do believe it does so.

We hail with satisfaction the action of the local board of health in Toronto, in fixing a limit within which ice shall not be cut upon the bay. No ice can be cut within 500 yards of the shore, and the City Commissioner is empowered to forbid its being cut within this limit, under the full penalty provided by the by-law; there ought, therefore, to be reasonable expectation of finding it pure enough for drinking purposes. A curious circumstance came under our notice in this connection which is worth mentioning, as it may lead others to notice similar evidences. In cutting ice for refrigerator purposes near the Northern Railway docks in Toronto harbour, the ice was noticed to be full of air-holes. This was supposed to come from the agitation of the surface of the water in freezing. However, on cutting the second crop from the same area it likewise was found to be full of air-holes. An examination of the surroundings led to the belief that these air-holes were caused by the air-bubbles rising from the bottom of the water. This theory is probably correct, for any one who will watch the surface of the water at any point along the line of the wharves, will not fail to see a continuous line of air-bubbles rising all the time, and the presence of these in the ice is well marked by the air-holes. We are glad to learn that no ice is to be cut, for refrigerator purposes even, on this area, as it comes within the 500 yards limit. We commend these observations to the consideration of our readers.

The physicians of Woodstock have formed a Medical Society. The meetings are held twice a month and have been of a very interesting character.

ABDOMINAL SECTION.

What is an abdominal section? There is some uncertainty on this point, and it is very difficult in some cases to decide when an operation should be considered an abdominal section. Mr. Lawson Tait includes all cases in his practice in which the peritoneum is opened, and nothing more. Such a definition will include such operations as herniotomy, in which the sac is opened, and will exclude such as nephrotomy and nephrectomy, when the cutting is done from behind without injuring the peritoneum. Perhaps this is quite as satisfactory as it can be under present circumstances, though it seems a pity that such operations as nephrectomy cannot be always included.

LAWSON TAIT'S ONE THOUSAND ABDOMINAL SECTIONS.

Mr. Tait has given a short report of one thousand cases of abdominal section in the *New York Medical Record*. All extra-peritoneal operations are excluded, while among those included are umbilical herniotomies, and all other cases where the peritoneum is opened. He performs no herniotomies, excepting those of the umbilical variety.

From his analysis we take the following:

| | CASES. | DEATHS. | PERCENTAGE MORTALITY. |
|---|--------|---------|-----------------------|
| Exploratory incisions..... | 94 | 2 | 2.1 |
| Ovariectomies (including op'ns } for par-ovarian tumours) .. } | 405 | 33 | 8.1 |
| Removals of appendages | 307 | 17 | 5.5 |
| Hysterectomies | 54 | 19 | 35.5 |
| Incomplete operations | 30 | 15 | 50.0 |
| Open'gs for drainage of pelvic } abscesses & other purposes } | 55 | .. | .. |
| Hepatotomies | 12 | .. | .. |
| Open'gs for acute and chronic } peritonitis | 9 | 2 | 22 |
| Extra-uterine pregnancies..... | 11 | 2 | 18.0 |
| Other sections | 23 | 3 | 13.0 |
| | 1000 | 93 | 9.3 |

When we consider the fact that among these are included his early operations, such as fifty ovariectomies with a mortality of 38 per cent., we must admit that the record is a marvellous one; and we will expect very brilliant results from the distinguished surgeon's *next thousand*.

A NEW ANTIPYRETIC.

The new remedy, antipyrin, is still attracting attention in Europe, and many reports have been made of its use. These accounts, which are summarized in a recent number of the *Medical Chronicle*, are uniformly favourable. It is found to be a more powerful agent in reducing temperature than salicylate of soda; but, like the latter drug, it has a depressing action upon the heart. Profuse perspirations occasionally follow the use of the remedy, but it rarely causes vomiting.

Cahn, who writes in the *Berliner Klinische Wochenschrift*, is of opinion that not only is the temperature reduced in fever, but that the medicine has a beneficial effect in other ways upon the course of the disease.

Lecchi has found that in phthisis it reduces the temperature without causing sweating or hæmoptysis. Its use is occasionally followed by a skin eruption.

The dose is—for children under one year, 3 grains; under five years, $7\frac{1}{2}$ grains: for adults, 30 grains. It may be given in water and is not nauseous.

DR. SULLIVAN AND THE SENATE.

We have much pleasure in offering our congratulations to our friend the Hon. Dr. Sullivan, of Kingston, on his recent appointment to the Senate. This action on the part of the Government will, we are sure, be highly appreciated by the Profession of Canada, among whom Dr. Sullivan was always deservedly popular, as evidenced by his unanimous election in 1883 to the office of President of the Dominion Medical Association.

TREATMENT OF PLACENTA PREVIA.

We desire to direct attention to the plan of treatment recommended by Lomer, which we publish in this issue, as we consider it suitable for the great majority of such cases. It may be described briefly thus: Give chloroform, introduce whole hand into vagina, pass one or two fingers through cervix, rupture membranes, turn by bimanual method, bring down a leg, and then trust chiefly to nature's efforts to complete the delivery.

CAFFEINE.

An instance of how the minds of great men often run in the same channels has recently occurred. It will be remembered that in the December number of this journal, Dr. Reeve, in his article on cocaine, mentioned the fact that he had made experiments with caffeine, as an anæsthetic, with negative results. In the *British Medical Journal* of Jan. 3, 1885, Dr. Argyll Robertson, the celebrated ophthalmologist, of Edinburgh, also published an account of experiments he had made with caffeine. The results were similar to those given by Dr. Reeve. He concludes the article with the following sentence:—

“To prevent needless repetitions of experiments, I have thought it desirable to publish these negative results, so far as the anæsthetic effects of caffeine are concerned.”

 PROPOSED HOSPITAL FOR CONSUMPTIVES.

We have received from Southern California the *Los Angeles Daily Herald* of Jan. 4, 1885, containing a letter written by Mr. C. White Mortimer, formerly of Toronto, but at present British Vice-Consul at Los Angeles.

Mr. Mortimer advocates the establishment of a Hospital for Consumptives at Los Angeles, similar in character to one which has been for some years in existence at Mentone. The principal object of the institution would be to enable people of limited means who are suffering from lung disease to take advantage of the favourable climate of California. Many persons are now deterred from going to the Southern States, not so much by the expense of getting there as by the high prices charged for board, lodging, and medical attendance. It would also be a great boon for those who are going alone to have some definite place to go to. Many are made worse by exposure and fatigue in looking for suitable lodgings.

Clement Godson, in the *British Medical Journal*, reports a case where, with cocaine locally applied, he was able to snip off vascular growths from the meatus urinarius. He used an eighteen per cent. solution, but thinks a weaker one would suffice.

BENEFIT SOCIETIES.

The relation of the medical profession to benefit societies has been a matter of much discussion during the last few years. We have in Ontario a very large number of labourers, skilled mechanics, and even employers of labour, who belong to these various organizations. There is also a constantly increasing membership, as shown by the opening of new lodges and the establishment of new orders.

The method by which these societies obtain the services of a physician is usually as follows: When a new lodge is opened, or a vacancy occurs in one already in existence, the names of a number of physicians are proposed by members, an election takes place, and the medical man who obtains the largest number of votes becomes the lodge physician. He holds office for one year only, and may be superseded at the end of that time. As a general rule, however, the lodge retains the same physician for a number of years.

The fees paid are usually one dollar a year from each member, and when medicines are provided the amount is a dollar and a quarter. In many instances, however, very much smaller fees have been accepted. When a medical man thus becomes a lodge physician, he in many respects places himself in an awkward position. He has, in the first place, to attend a number of members who voted against him in the lodge, and we all know how disagreeable it is to attend those who are not anxious to employ us. He is also bound to attend patients at unreasonable hours, for fees quite inadequate for the services rendered.

With all its drawbacks, however, the system has been tolerated, as it was considered to be for the benefit of the poor; and there is no doubt that many in this way obtain medical attendance who could not pay the ordinary fees. In this Province, however, it would be safe to say that half of all the members of such organizations are quite able to pay the ordinary fees, and the profession are thus giving their services for little or nothing to men in good circumstances, and in that way losing thousands of dollars a year.

Matters have come to such a pass in some of

the western towns that the medical men have combined together to refuse attendance on lodges. In one locality the action has been unanimous, and the societies have brought in a physician from the outside. We fancy that the lot of that practitioner will not be a "happy one," and we do not apprehend that his residence there will be very prolonged. The members of societies will feel that they are employing an inferior man, for no other would take such a position, and will soon come to the conclusion that in medicine as well as in other departments the best is always the cheapest.

These societies are a great temptation to young medical men, as through them practice is more easily and quickly obtained; but it is difficult to find a physician who has been through this ordeal who will not express regret that he ever accepted the position of lodge doctor. We could point to several instances of premature death, the result of the overwork and over anxiety attendant upon the duties of lodge surgeons. In many instances the demands made by the members of lodges are so unreasonable that the young practitioner, while endeavoring to please his patrons, sinks under the heavy burden.

Those who survive find that after some years these very members, as they become wealthy, will discard the "lodge doctor," and employ one who may be no better but who has an outside reputation.

THE DISPENSARY ADVANTAGES in New York are so extensive that the poorer, and sometimes even the middle classes, are enabled to get good medical and surgical advice without pay. Since the two institutions for advanced medical learning have been established, there is not enough clinical material "to go around." It is now no common matter to find "interesting cases" hiring themselves out at rentals ranging anywhere from twenty-five cents to one or two dollars per lecture, and if this thing goes on, the possessor of a well-marked case—say, for example, of lupus—may regard his "face as his fortune."—*Med News*.

Last year Massachusetts enjoyed almost a total immunity from small-pox, but nine cases, with one death, having been known to occur, which is less than for any year since 1844.

Hospital Notes.

TORONTO GENERAL HOSPITAL

CASE OF GUNSHOT WOUND.

Under the care of Dr. McFARLANE.

(Reported by Mr. J. Pickard.)

Miss McM., aged 19. Admitted to Toronto General Hospital, Oct. 12, 1884, under Dr. McFarlane's care.

On the evening of Aug. 16th last, about dark, while going through the bush, heard three reports from a gun, fired in quick succession. Saw the flashes, but did not see by whom the shots were fired. Felt something strike the left arm, giving her severe pain, and believed she had been shot. Shortly after reaching home the arm was examined and found to be much swollen, presenting a small, round wound near the centre of the biceps, about four inches above bend of the elbow. No aperture of exit was to be seen. There was considerable hæmorrhage.

The arm was poulticed, and next morning a physician probed the wound but could find no foreign body. The poulticing was continued, and after three days a copious discharge began and continued about three weeks, when the wound closed.

She kept the arm slightly flexed, and while quiet it gave little pain, but when any motion was made or any traction made on it, she experienced severe pain, beginning at axilla and following the course of the musculo-spiral nerve around the humerus and down the posterior aspect of fore arm to extremity of thumb and index finger.

Dr. McFarlane, believing some foreign body to be pressing on and irritating the nerve, made an incision two inches long, commencing two and a half inches posterior to, and about on a level with the site of wound, cutting down upon the musculo-spiral nerve. A small bullet, completely flattened, lying upon the bone, its edge in contact with the nerve, was found and removed. The wound made healed rapidly, and patient left hospital two weeks after operation, the pain very much relieved.

Meetings of Medical Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

(From our own Correspondent.)

At a meeting of the above society, held on the 9th inst., Dr. Hingston exhibited an enormous calculus which he successfully removed from a young man eleven years ago. The stone after its removal weighed five ounces and five drachms, and measured in breadth 5.4 c.c.m. ($2\frac{1}{2}$ inches), in length 7.3 c.c.m. ($3\frac{1}{8}$ inches), and in thickness 3.3 c.c.m. ($1\frac{1}{4}$ inches). This is the largest recorded stone ever removed by the lateral method. Dr. Hingston's object at the present time in exhibiting this calculus was to show that the recent statements made by Sir Henry Thompson, that it was not possible to remove a stone from the bladder by the lateral method when in excess of three ounces, were not correct. Dr. Hingston, however, did not wish it to be understood that he advocated the lateral operation for all cases of stone in adults that were not crushable. He was of the opinion that Sir Henry Thompson's dictum, although not completely true, was in the vast majority of cases so, and that it was a safe working rule to follow.

Dr. T. D. Reed showed photographs of a man, aged 60, whom he has had under observation for several months, suffering from an enormous scrotal tumour. The patient, who is a French-Canadian, first noticed a swelling of his scrotum fourteen years ago. It has steadily increased in size until the present time. It measures fourteen and one-half inches in length and thirty inches in its greatest circumference, and reaches from the pubic bones to within an inch of the patellæ. The dragging of the mass, the estimated weight of which is fourteen pounds, on the pubic tissues, has resulted in a complete burying of the penis. On the side of the tumour there is a slight groove, and the outline of the penis can be traced upwards from this. When he urinates, he elevates the mass with his hands and leans his back against a wall. In this way he is able to protrude the glands and project the stream a sufficient distance to prevent it coming in contact with the surface of the tumour, which is very tender.

Dr. Reed was of the opinion that there are three distinct pathological conditions present in the mass. He believes that the upper portion is simply a hernial protrusion, the middle a hydrocele, while he looks upon the lower part as being composed for the most part of hypertrophic scrotal tissue.

Dr. Alloway related the history of a case which he stated was of more interest from its extreme rarity than of serious importance to the patient. The patient, a young married lady, mother of two children, youngest about four years of age, consulted him about one year ago concerning a pain in her right side, back-ache, and general decline in health. On making a vaginal examination in Sims' position, a large cyst-like, bluish body occupied the whole of the posterior fornix space, and so overlapped the vaginal portion of the cervix and os uteri that it was with difficulty that these structures could be brought into view. The cyst proved to be purely submucous, and its fluid contents separated the mucous membranes from the submucous tissues, from a point extending from the os up the posterior surface of the vaginal cervix, a short distance on the posterior vaginal wall. At this there was a slight catarrhal condition of the vaginal wall, but there was no evidence of there having been a laceration or previous attack of pelvic inflammation. Dr. Alloway kept the patient under observation for nine or ten months, and, observing that the cyst had not undergone any change during this time, concluded that it probably resulted from injury incurred during the last labour, and had existed ever since. From its size and position, it was quite possible for it to have acted as a bar to conception during all this time. A piece of the wall of the cyst on the cervix was removed with the scissors, and about an ounce of greenish, limpid serum escaped. The fornix and vagina were packed with cotton, and the patient was kept in bed for a week.

There is still a slight discharge of serum, and the cyst lining will probably require cauterization before it is completely obliterated. The abnormal symptoms previously complained of by the patient have disappeared. Dr. Alloway exhibited a diagram showing the position of the growth, and said he had never met with a like condition, nor had been able to find such an one recorded.

TORONTO MEDICAL SOCIETY.

Extracts from the Proceedings of the Society.

SARCOMA.

Dr. Grasett reported the following case:

Kitty Webb, 20 years of age, lived with her guardian until he married her, at the age of 15. One year after her marriage she had her first child, and one year and nine months after she had her second child.

Admitted Aug. 20th, and examined about the same time. Complained of a large tumour which involved her whole thigh. She has been ill for nineteen months with it. Until this time enjoyed good health and was regular in her habits as to food and drink.

General surroundings at home were pleasant. About twenty months ago she felt a pain in her left leg, about three inches above and to the outer side of the knee. Shortly after it was followed by a swelling. Pain then extended to the knee-cap. Swelling was hard and white. She put on liniment, but it still kept on growing. Two months after noticing it first, changed doctor. The doctor then began poulticing it. Four or five weeks after this time the doctor lanced it and there came away blood and water. Still kept on poulticing it, but since last winter did nothing for it.

Family history.—Mother is dead—died in child-birth from a hurt. Child was not born. Father may be living, and was a strong man. Have four sisters and one brother, all healthy.

State on admission.—She was very much reduced in flesh, so much so that it was not thought advisable to operate on her and amputate her leg at the hip joint.

Tumour was very large and hard. She complained of a good deal of pain when you touched it. On the 18th of October the dimensions of the tumour were taken. It measured 24 inches long, 31½ inches in circumference, and 32 inches over the nodules.

Complexion blonde, features thin, height medium, she was very much emaciated. Temperature normal.

Morphine was given to allay the pain, and nutritious food to keep up her strength.

The tumour kept on enlarging. Her appetite was good up to the last. About two weeks before she died complained of shortness of breath. On percussing her chest found marked dulness, but, on account of her weakness, did not examine her further.

Post-mortem Examination by Dr. Teskey.—

The tumour was mostly encapsuled, with well-defined margins and no enlargement of the adjacent lymphatic glands. Upon making a longitudinal incision through it, numerous small disconnected portions of bone were found, especially towards its central part, which appeared to be the remaining traces of the original bone, which had otherwise entirely disappeared. The substance of the tumour was rather soft, mostly pale and translucent in appearance, with yellowish and dark patches, which were the result of fatty degeneration and of extravasated blood undergoing varying stages of degeneration; it also contained several cysts.

Examination of the rest of the body.—Brain normal; right pleural cavity contained about a pint of serous effusion, with adhesions of the base of the lung to the diaphragm; heart weighed 8 oz., normal in position and size; right ventricle contained a pale clot, left ventricle contracted; right lung filled with metastatic tumours, so as to completely destroy its functions as a respiratory organ; left lung also similarly affected, but to a much less degree. Several tumours were found growing internally from the parietes of the thorax; liver depressed 2½ inches below the margin of the ribs, slightly congested, weight 3 lbs. 10 oz., no tumours found in it; spleen and kidneys normal; uterus and ovaries normal. A tumour about 2 inches in diameter was found, which had grown towards the abdominal cavity from the body of the second lumbar vertebra. The consistency of all the secondary tumours was very soft, resembling very much that of brain tissue. Upon microscopic examination, it was found that the characteristics of the tumours were those of a round-celled sarcoma, being composed of small, round cells, with but little intercellular substance, and this was especially characteristic of the secondary growths.

RUPTURE OF HEART.

(Reported by Dr. Cameron.)

J. L., aged 36, an habitual drunkard from early life, was admitted to the Hospital on November the 26th, suffering from an acute attack of alcoholism. He was extremely shaky and cyanotic, but not constantly delirious. His pulse was small, frequent, and irregular, and my clinical clerk, Mr. Logan, reported a systolic apical murmur, assigned to mitral regurgitation. He was confined to bed, placed on a milk diet, and given tr. ferri. mur. et tinc. capsici, in moderate doses, at frequent intervals, together with bromide of potash, in half-drachm doses, at bedtime. He went on fairly well for a couple of days, but on the third day, during the absence of the nurse from the ward he got out of bed to pass his urine, and while in the act of micturition, he fell down upon the floor. He was immediately lifted upon the bed, but in the course of a couple of minutes expired. The consent of the friends to an autopsy could not be obtained, and so the heart was hastily surreptitiously removed. The pericardium was found filled with blood, and on removal the heart presented the rupture of the right ventricle seen in the specimen. On testing the valves, it was found that the pulmonary and aortic valves were thoroughly competent. Owing to the position of the rupture, it was difficult to be certain about the tricuspid, but the outer segment of the mitral valve was very considerably contracted and crippled in its action. The other organs could not be examined.

It was said by some one that the patient had stated, after admission to the Hospital, that a doctor had told him 14 years ago that his heart was affected.

Frequency of location of heart rupture—Elléaunce's statistics: L. V., 23; R. V., 7; L. A., 3; R. A., 2. Olivier's: L. V., 34; R. V., 8; L. A., 3; R. A., 2.

In Kashmire, where there is no vaccination, the mortality from small-pox is frightful. The history of twenty-five families was recently taken, in which it appeared that out of 190 persons born, exactly 100 died of small-pox. All the others, except two children, had had the disease.

Correspondence.

LONDON LETTER.

(From our own Correspondent.)

London is growing to be a city of considerable importance, commercially, numerically, and medically, and perhaps a few notes from this district might interest some of your numerous readers. Our population, including the suburbs, is certainly over thirty five thousand, and the number of medical men more than keeps pace with the increase of people. Situated as we are, in the midst of such a rich agricultural district, we cherish the hope of becoming an important inland city and medical centre. Already we have a hospital containing over one hundred beds, which attracts patients in considerable numbers from the surrounding districts, and is fast growing in popularity. The present genial and enterprising Superintendent, Dr. Belton, seems to be imbued with the spirit of his work, and determined to place the institution under his charge in the front rank in regard to excellency of management. Although only a short time in charge, there are plenty of indications to show that we have got the right man in the right place.

The training school for nurses is supplying what is much needed, viz., a class of nurses skilled in more than the culinary art, able to appreciate important changes and symptoms, and thus give valuable assistance to the physician in charge.

The amount of valuable clinical material furnished by the hospital has induced the medical men of the city to found a medical school in connection with the Western University. Such enterprises are rarely born with a silver spoon in their mouths. Nevertheless, their efforts have been very successful and the London Medical School is now an assured success.

The Western University Medical School dinner was a grand success. Nearly one hundred sat down to a spread which did justice to the skill of the caterer, Mr. Moore, of the Tecumseh House. Among the many excellent speeches was that of Dr. Tye, of Chatham. In his usual happy manner he expressed his sympathy with the medical student, and said

he could not see why London should not have a good medical school. He said he believed in small schools, and remarked that if London continued to send as good students as he had examined at last Council Examination, it would not long remain a small school. My space will not permit me even to refer to the many other interesting and instructive addresses. A very pleasant evening was spent, the speeches were all good, the music was delightful, and the wine the best Adam's ale in the Dominion.

I shall now close by reminding you that we have a good, live medical society. Although a little bilious at times, it turns out some excellent papers. The last meeting was particularly interesting, and the society did itself the honor to elect Mr. W. Saunders, F.R.S.C., an honorary member. With your permission, in my next letter I shall send you a few notes from our hospital.

SAUGEEN AND BROCK DIVISION.

A meeting of the Territorial Association of the Saugeen and Brock Division was held in the town of Harri-ton on the 8th day of January, 1885. The following resolutions were carried :—

"That all the proposed amendments to the Medical Act, except clause 4, meet with our approval, and that instead of appointing a taxing officer this meeting recommends the adoption of a uniform tariff for the whole Province, legalized by the Medical Council, signified by the seal of the College and the signature of the President, as provided in Section XVI. of the Ontario Medical Act."

"That all medical students after the year 1887 shall be required to matriculate and attend a course of at least two full sessions in the Arts department of some University recognized by the Medical Council."

"That the members of this Divisional Association now assembled desire to express their approval of the course pursued by the Medical Council and also of their present representative, Dr. Douglas, during the past five years."

Referring to the tariff lately issued by the Grand Trunk Railway as regards medical

attendance upon their employees and passengers :—

"That the medical tariff rates issued by the Grand Trunk Railway be disapproved of, and that we recommend that no medical practitioner in this Division do sign it."

(Signed,) R. DOUGLAS, *Chairman.*

LLEWELYN BROCK, *Sec.-Treas.*

DEAR EDITORS,—On page 18, January number, of your valuable journal, I notice that *tinct. verat. virid.* is by Dr. Thayer recommended in drachm doses. I think doses so heroic are somewhat *ultra*, otherwise, fatal; and that some explanation is necessary concerning it. From an extensive use of said medicine I would not dare to give one-fourth of dose said to be given.

Yours most truly,

J. S. SPRAGUE.

Stirling, Ont., Jan. 20, 1885.

Obituary.

THOMAS C. HOWE, M.D.

It is with deep regret that we publish the notice of Dr. Howe's death at the early age of thirty-six. Dr. Howe was an old student of the Toronto School of Medicine, and graduated in the year 1868. He remained for a year or two in his native place, Dundas, and then removed to the neighbourhood of Buffalo, where he established a large practice.

On account of a severe attack of asthma he was compelled to give up for a time the medical profession. He then went into partnership with his brother, in the wholesale leather business, in this city. His ardent love for his profession induced him to return to it. He then went to Australia, thinking that there he might be freed from his old enemy. His health at first appeared to have been quite restored, but the asthma again returned and was the predisposing cause of death.

Dr. Howe was a clever student, a kind and generous man, a good practitioner, and a faithful friend.

DR. LORNE COLIN CAMPBELL.

Dr. Campbell died at Port Arthur on January 4th, at the age of 34. He was a son of the late Dr. Duncan Campbell, of Toronto. He passed through the regular medical course in Toronto, and graduated in Victoria University, taking the Council license the same year. He acted as Physician to the Silver Islet Mining Co. for five years, until May, 1884, when he went to Port Arthur, and remained there until the time of his death.

DR. FRANK J. DOLSEN.

Dr. Dolsen died suddenly in Portland, Oregon, January 19th. He attended lectures in the Toronto School of Medicine, and graduated in Toronto University, in 1882, with high honours. He then went to England, where he remained a year, and took the M.R.C.S. Eng. On his return he spent a short time at his home in Chatham, and then went to Portland, Oregon, where he commenced practice. A short time ago his friends received encouraging reports of his prospects. Dr. Dolsen was one of the most able and popular among the graduates of recent years from Toronto. He was beloved alike by teachers and fellow-students during his medical course, and as a consequence his sad and unexpected death is most keenly felt by his numerous friends. Poor Frank Dolsen! he was one of the few almost without a blemish. Long will he be held in the kindest remembrance by those who knew and loved him best.

Book Notices.

A Pharmacopœia for the Treatment of Diseases of the Larynx, Pharynx, and Nasal Passages. With remarks on the selection of remedies and choice of instruments and on the method of making local applications. By G. M. LEFFERTS, A.M., M.D. New York: G. P. PUTNAM'S SONS.

This little volume was prepared for the use of the students attending Dr. Lefferts' classes in the College of Physicians and Surgeons of New York, and contains the formulæ of such local applications as are adapted to the treatment of the various affections of the larynx,

pharynx, and nasal passages, which were found to possess practical worth. The formulæ have been collected from various authorities, many of them are original. What is recommended in this work can be accepted as having been thoroughly tested.

Personal.

Dr. Gould has removed from Goodwood to this city.

Dr. Flock has removed from Leamington to St. Thomas.

Dr. G. R. McDonagh, L.R.C.P. Lond., of Goderich, is now in Vienna, where he purposes spending a couple of years in special work.

Dr. A. F. McKenzie (T. S. M., 1884), of Wingham, has gone to New York to take a post-graduate course.

Dr. Covernton, formerly of Winnipeg, has returned from abroad. He will practice in Toronto.

MARRIED.

PATTERSON—PELTON.—At Spadina Avenue Methodist Church, Toronto, on Wednesday, January 14th, 1885, by Rev. T. Griffith, M.A., J. W. Patterson, M.A., M.B., Harrowsmith, to Miss Sylvia Pelton, Toronto.

Miscellaneous.

Prof. Schweninger, forced on the University of Berlin by Bismarck, has the pleasant duty of lecturing to empty benches. Cannot the Chancellor send him students at the point of the bayonet?—*N. Y. Lancet.*

OLEATE OF CHLORAL COMP. FOR PRURITUS.—The writer has had the above compound prepared for pruritus ani, the itching of eczema and all other similar cases in which an itching exists which it is deemed expedient to allay temporarily until the means, employed for permanent relief, act. The compound is made

by mixing together one-half drachm each of camphor and chloral and adding to this one ounce of oleic acid. This makes a clear brown liquid having the odour of camphor, and it may be scented to suit the taste of the patient.—*St. Louis Cour. of Med.*

TREATMENT OF BURNS BY BORACIC ACID OIL.—C. J. Bond, F.R.C.S., writes to the *British Medical Journal*:—

It is now a year since we began to use boracic acid oil as a dressing for burns at the Leicester Infirmary, at first simply in the form of a mechanical suspension of the powdered acid in olive-oil. I have found that 18 grains of powdered boracic acid dissolved in a drachm of hot glycerine, and added to an ounce of olive oil, forms a kind of imperfect emulsion, the glycerine retaining the acid in solution when cold. This can be easily shaken up with the oil. This makes a non-irritating and doubly antiseptic dressing, and extensive burns treated thus, and covered with a layer of some antiseptic wool, require to be disturbed but seldom, and if not perfectly aseptic, are far "sweeter" than when dressed with, for instance, the carron oil.

As a lubricant for catheters, sounds, etc., this boracic oil with glycerine possesses advantages. It is superior to olive oil, because of its antiseptic property; and better than carbolic oil, because it is less irritating and much more stable; boracic acid being non-volatile. Glycerine itself, too, is a dressing of considerable value by virtue of its dehydrating power.

THE CROW AND THE COUNTRY DOCTOR—(A MEDICAL FABLE.)—A flock of Crows were much alarmed one day at the sight of a strange object in the midst of a field upon which they customarily fed. They at once called upon an Old Crow who practised his profession in those parts, and who made a specialty of crows, to give his opinion about the matter. The Crow, having examined the object, shook his head, and said that it was a serious case, and that it was

lucky he had been summoned so soon, though he should have been called earlier, and he would like the advice of his friend, the Owl, who had had the benefit of travel abroad, and who was particularly skilful in cases which called for the Steady Use of the Eyes. He would also like to have the Frog, who was spending his summer vacation by a neighbouring pool, and who had a wide reputation for his physiological knowledge, to see the case. The Crow, the Owl, and the Frog met, and having studied the object at a suitable distance withdrew to the shade of a High Wall in order to deliberate. The Frog first opened his mouth, and observed that it was a nice Case, which reminded him of a very curious experience that he had had with a piece of Red Flannel two summers before, when he received a severe contusion upon the centre of Goltz. After telling all about this very apposite event, the Owl observed that such cases were extremely rare. He had, however, had two very much like them, the details of which he had forgotten. He then related some very humorous obstetrical stories, which much amused the Crow.

Having received these opinions, the Crow thanked his Colleagues for the valuable light they had furnished. He had himself been at first disposed to think the trouble a case of *Terror Corvorum*, or Scare-Crow; but the advice given reminded him now that the appearance in the cornfield exactly resembled a doctor whom he occasionally met, and who, after practising medicine for forty years, was at present trying to live on what he had saved.

This diagnosis was finally agreed upon, and reported to the anxious Crows outside, who were much relieved.

MORAL.—This story shows the profit that is got from consultation, and the lucrative nature of the practice of medicine.—*Boston Medical and Surgical Journal.*

M. Bochefontaine swallowed some pills made up from five cubic centimetres of diarrhoeal liquid, from a woman in the algid stage of cholera. He experienced a little fever, and slight constipation, and then recovered completely.—*L'Union Méd.*

THE Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS AND PROPRIETORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

SUBSCRIPTION, \$3 PER ANNUM.

Literary Communications may be addressed to any of the Editors. All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 40 Queen Street East.

TORONTO, MARCH, 1885.

Original Communications.

PERINEPHRIC ABSCESS.

BY L. MCFARLANE, M.B.,

Surgeon to the Toronto General Hospital.

(Read before Toronto Medical Society, Jan. 29th, 1885.)

CASE I.

A. J., aged 24; occupation, commercial traveller; born in Canada.

Family History.—Father alive; state of health good; mother died at the age of 42, from cancer of the uterus; brothers and sisters all living and in good health.

Previous History.—Always healthy up to the time of present illness. About the first of February, 1883, while travelling in the neighbourhood of Essex Centre, in trying to keep ahead of a fellow-traveller, he made trips of five or six miles on foot at different times, often walking across the ties of the railroad, taking a single tie at each step with left foot and two with right. One day after walking in the rain about twelve miles he got very wet and cold; the following morning he was seized with chills, followed by high temperature. About the same time he noticed a small lump in the right groin below pouparts ligament, which subsequently formed pus and had to be opened. Two days after getting the severe wetting he drove several miles; the day being cold, he got a second severe chill, and felt much worse; however, he pressed on the following day to London, where he was compelled to take to bed for two weeks. He

entered the Toronto General Hospital on the 17th of February.

Condition on Entering.—He was suffering from a low form of fever; the temperature ranging from 101° in the morning to 103° or 104° in the evening; pulse about eighty; tongue coated; bowels obstinately constipated; urine scanty and of a very dark color. On examining the urine, a small amount of albumen was found, also a few granular corpuscles. The temperature continued high for several weeks after admission to the Hospital. He had no tenderness on pressure over the kidneys, although he complained of a feeling of fulness and tension on the right side. The right testicle was retracted, and at times he complained of pain in it and in the penis. He lost flesh rapidly. About three weeks after coming into the Hospital, flexion of the thigh on the pelvis, with slight adduction of the limb, took place. Incontinence of urine and frequent and painful micturition were observed from time to time during the course of the disease, also distressing flatulency and constipation of the bowels. About the end of March a painful swelling appeared above pouparts ligament. The patient was put under chloroform, and a free incision made into it, when a large quantity of pus escaped. Upwards of a pint and a half of carbolic water was thrown into the abscess cavity after it was opened. The patient was subsequently treated with tonics, and the cavity washed out three or four times a day with a weak solution of carbolic acid. Rapid recovery took place after the opening of the abscess.

The limb that was formerly flexed on the pelvis gradually became straight, and the patient was able to leave the Hospital in one month from the time the abscess was opened.

CASE II.

Mrs. B., aged 35, the mother of four healthy children, enjoyed good health till the beginning of July, 1883, when I was sent for to see her about a very severe pain she was suffering from in the right side, over the kidney. There was tenderness on pressure, and any effort at movement increased the pain. I could not detect any hardness nor swelling, and there was no difference in the measurement of the two sides. The temperature varied from 100° in the morning to 102° in the evening; the pulse ninety, frequent and small; the urine scanty and dark coloured. On examination, a small quantity of albumen was found, but no pus nor casts; the bowels obstinately constipated. Two weeks after I first saw her the thigh became firmly flexed on the pelvis and slightly adducted; the patient very weak and nervous, and any attempt at straightening the limb caused intense suffering. Morphia had to be given in large doses before any ease or sleep could be obtained. The patient continued for six weeks in much the same condition as above described. About this time I noticed a fulness in the lumbar region, and a difference by measurement of one inch. I could not distinctly make out fluctuation, but felt firmly convinced that there was deep-seated pus. I introduced an aspirating needle and drew off six ounces of sero-purulent matter. The following day the patient was put under chloroform, and a free incision made in the lumbar region, when a very large quantity of pus escaped. The subsequent treatment was similar to the first case, viz., tonics and a free washing of the abscess cavity with a weak solution of carbolic acid. From the time the abscess was opened the patient began to improve; the pain left; appetite returned; sleep was restored, and the limb gradually straightened. In fact the patient went on rapidly to perfect health.

CASE III.

R. E., aged 9, born in Toronto; admitted to the Hospital on the 12th of Feb., 1884.

Family History.—Could not be satisfactorily

obtained; there is a history of syphilis on his father's side, and two uncles of his mother died of consumption.

Previous History.—Boy has always been strong and healthy; never had any severe illness.

Present Illness.—About the second week of January, 1884, a lump appeared on inner side of right thigh; this was opened, and after discharging for a few days healed up; he was in bed at this time about one week; when he got up his mother noticed that he limped a little with left leg, and complained of pain in the small of back. These symptoms became gradually more marked up to the time of his admission to Hospital.

Condition at time of Admission.—Patient has been losing flesh for two or three weeks; left thigh is flexed on pelvis, nearly at a right angle, and slightly adducted; any attempt to straighten the leg causes intense pain over parts supplied by lumbar nerves; there is no tenderness on pressure at any point along the spine; marked tenderness in left lumbar region, and over the kidney, both back and front; slight bulging is noticeable; left side, from spine to umbilicus, measures an inch more than right; no urinary disturbance; temperature, 104° in evening.

Diagnosis—Perinephric Abscess.—The temperature continued high from the time of admission to Feb. 23rd, ranging from 99° in the morning to 101°, 102° or 103° in the evening. On the 23rd of February I aspirated in lumbar region and removed 10 ozs. of pus; patient was relieved by the operation, and on the 24th his temperature was normal both morning and evening. On the 26th I made a free opening into abscess cavity and washed it out; this my assistant continued to do several times a day for several weeks. The patient subsequently was attacked with inflammation of the lungs, which protracted his recovery very much. He left the Hospital about the latter part of June quite well, and has continued in good health up to the time of writing this article.

CASE IV.

W. H., age 58; Scotch by birth, engineer by occupation, married; was admitted to the Hospital on the 7th Sept., 1884.

Family History.—Good.

Present Illness.—Five weeks ago to-day (15th September) went to Muskoka; came home three weeks ago, starting out on a very cold morning and riding in an open stage till noon of the same day, when he attempted to make his water, but found that he could not pass any; he continued his journey from the place the stage stopped till he arrived in Toronto without having the bladder emptied, thus going from Monday morning till Wednesday evening in this condition. After reaching the city he had his water drawn off, and afterwards it was drawn once a day till he entered the Hospital. On admission, the urine was examined, and found to contain large quantities of pus. He complained of very great pain and tenderness over the left kidney. The temperature ranged from 100° to 103°. The limb was very slightly flexed on the pelvis, about as much as you usually find in cases of pyonephrosis, but not to so great an extent as I have observed in cases of perinephric abscess. I diagnosed the case as pyonephrosis, and had arranged to open into the kidney through lumbar region, but in this I was disappointed, as the day before that arranged for the operation he suddenly commenced coughing and expectorating, the sputa consisting of very dark and offensive pus. The quantity was so great that the patient had to sit up in the bed in order to keep from choking. He was removed from the Hospital on Sunday, the 12th of Oct., and died on the following Tuesday.

I was unable to get a post-mortem. In this case I did not suspect perinephric abscess till it opened into the lung. I was led to make this mistake by the absence of the usual symptoms I had observed in the other cases; but the termination of the case fully convinced me that in addition to the pyonephrosis there was perinephric abscess; the probable location of the abscess at the upper part of the kidney, and its tendency to point in the direction of the chest, thus removing the pressure from the lumbar nerves, obscured the symptoms that I had noted in the other cases.

Is it not possible that the abscess in the lung was secondary to the pyonephrosis, and that I was in error as to the existence of perinephric abscess? I do not think so, for the following

reasons: The temperature chart did not indicate the onset of pyæmia. 2nd. The appearance of the pus was so sudden. 3rd. The patient expressed himself as being relieved of pain almost immediately after the abscess began to discharge through the lung. 4th. The limb that was slightly flexed, and gave great pain by any attempt to straighten it, could now be moved in any direction without causing any pain.

I will not trouble the Society with the reports of two other cases that came under my care recently, but will endeavour to briefly point out the causes of some of the symptoms in the cases here reported, as well as the diagnosis and treatment. The kidneys are placed behind the peritoneum, resting on the quadratus lumborum and psoas muscles, and extending from the last rib to the crest of the ilium. They are surrounded with a quantity of loose cellular tissue, in any part of which an abscess may form; consequently the symptoms in any individual case will depend upon the location of the abscess and the direction in which it tends to point.

In the first three cases reported it will be observed that there were several symptoms common to all, viz., flexion and adduction of limb, with greatly increased pain by any attempt to straighten or abduct. In the two male patients there was retraction of the testicle on the side affected. The temperature in all the cases was high during the course of the disease, ranging from 99° in the morning to 103° or 104° in the evening.

In the second, third, and fourth cases there was very great tenderness on pressure over the kidney both in front and behind. In the first there was no tenderness on pressure.

Dr. John B. Roberts, of Philadelphia, says that perinephric inflammation about the lower portion of the kidney gives rise to an effect which is much more noticeable than any other consecutive symptom of perinephritis—this is flexion of the hip-joint on account of involvement of the anterior crural nerve. At the same time there may be anæsthesia or neuralgia of varying areas of the inner, anterior or outer surfaces of the thigh from involvement of the sensory fibres of the genito-crural, external cutaneous and anterior crural nerves. Retraction of the testicle will probably be present

if the genito-crural nerve is implicated, because it supplies the cremaster muscle.

This lifting of the testicle indicates, therefore, a higher location of the abscess than when the hip flexion exists without this accompaniment.

In the first three cases the location of the abscess was very likely behind the kidney, although in the second and third it extended higher up and tended to point in the lumbar region. In the first case the pus followed the course of the *ps*as muscle beneath the peritoneum, and tended to open below *pou*parts ligament. It will therefore be observed that in cases two and three the four lumbar nerves were pressed upon, causing not only flexion of the limb, but pain and tenderness over the parts supplied by the first and second lumbar nerves. In case one, from its lower situation, the first lumbar nerve escaped from pressure, but the second, third and fourth were pressed upon, and consequently flexion of limb and retraction of testis took place. And from the direction taken by the pus along the *ps*as muscle, and not tending to point either in the lumbar region or in the direction of the abdominal parietes in front, pain and tenderness on pressure were absent in the parts supplied by the branches from the first lumbar nerve. In the fourth case the abscess was evidently situated at the upper and back part of the kidney, and simply pressed on the first lumbar nerve. The lower nerves of the plexus were not pressed on, consequently we had absence of flexion and adduction of the limb and retraction of the testicle. The tonic spasm of the *ps*as, *iliacus* and *pectineus*, observed in three cases, was no doubt caused by pressure on the nerves, inasmuch as when the pressure was removed the limb almost immediately came into the straight position.

The presence of albumen in the urine can be accounted for by pressure on the renal veins, thus causing congestion of the kidneys. In a paper such as this it is unnecessary to enter into all the symptoms that would be caused by abscesses in other parts of the cellular tissue surrounding the kidneys, where there might be pressure on the cystic duct, the thoracic duct, ureter, inferior vena cava or sympathetic nerves. To those of you who are familiar with the

functions of these structures the symptoms will be self-evident.

Diagnosis.—From *ps*as abscess, lumbago, neuralgia, *morbus coxæ*, and perityphlitic abscess.

Psoas abscess is essentially a strumous disease, which can occur only in persons of a strumous predisposition, and is often associated with tubercular disease in other parts of the body, especially of the lymphatic glands, lungs, and mucous follicles of the large bowel. The disease is rarely met with before the age of puberty, and rarely, if ever, in old people. When the abscess is opened, either spontaneously or artificially, the constitution manifests the most lively sympathy, as is evinced by the rapid supervention of rigors and hectic fever, with all its train of evils. In case of perinephric abscess the very reverse occurs when it is opened. In *ps*as abscess there is pain on pressure along the lumbar spine, especially over the diseased vertebra. Perinephric abscess occurs at all ages, both young and old, as is shown in the cases here reported.

From lumbago it can be distinguished by its having a high temperature from the very commencement, and as the disease advances the position of the limb and the condition of the urine will be sufficient to confirm your diagnosis. The intermitting character of neuralgia will be sufficient to exclude it.

In hip disease, fixity of the thigh upon the pelvis occurs at a very early stage, and any attempt at moving the thigh will move the pelvis. This is not the case in perinephric abscess. The head of the femur can be moved in the acetabulum in all directions without any movement of the pelvis. There is no pain produced by forcing the head of the bone up into the acetabulum, such as is noticeable in hip disease. The apparent or real lengthening that occurs in hip-joint disease is absent. The pain and tenderness usually observed in the groin and lumbar regions in cases of perinephric abscess are absent in cases of *morbus coxæ*; also the knee pain, although it sometimes occurs at a late stage in perinephric abscess, is not a symptom in the early stage as in hip disease. In perityphlitic abscess its superficial position, and the absence of the other symptoms charac-

teristic of perinephric abscess, will be sufficient to exclude it.

Treatment.—Tonics and stimulants, and as soon as you are satisfied of the existence of pus aspirate; and if the pus again collects make a free incision into the abscess cavity, and subsequently wash frequently with a weak solution of carbolic acid. In all cases where it is possible, make the opening in the lumbar region. If care is taken to confine your incisions to that space in the loin between the spine and the point where the peritoneum is reflected on to the abdominal parietes, after passing over the front of the kidney, (viz., from four to four and one-half inches,) and between the last rib and the crest of the ilium, no anxiety may be felt at exposing the posterior surface of the kidney. R. Clement Lucas, B.S., London, says the danger is equivalent to the amount of damage to soft parts, and not apparently increased by the fact that the kidney lies at the bottom of the wound. He further says that when surgical interference is limited to an antiseptic and extra-peritoneal exploration, the danger is of a most trivial character and the wound will often heal by first intention. This, he says, happened in two cases he explored through the loin, on suspicion of there being a renal calculus.

ARSENIC.*

BY JAMES STEWART, M.D.,

Professor of Materia Medica and Therapeutics, McGill University, Montreal; Physician to the Montreal Dispensary, and Director of the University Dispensary for Diseases of the Nervous System.

Gentlemen,—Arsenic, next to iron, is our most valuable hæmatinic, but it is much more than a simple blood restorer. It possesses actions of a marked degree, which in the present state of our knowledge it is impossible adequately to explain. There is no medicinal agent, whose actions on the body are more difficult to explain than those of arsenic.

Absorption and Elimination.—Arsenious acid in all its combinations, and by whatever method it is introduced, whether by the mouth,

or by the rectum, by the lungs, or by the skin, wounds or excoriations is readily absorbed and can be detected in the blood a few minutes after its administration.

It is eliminated by the skin and mucous membranes, through the bile, lungs and various glands, but mainly through the kidneys. The rapidity of its elimination varies considerably. It commences a few hours after its introduction, but it is seldom complete for a number of days. Occasionally small quantities may remain for an almost indefinite length of time, and it may be made to reappear by the administration of iodide of potassium. It is in all probability deposited in greatest abundance in the nervous tissues. It resembles lead in this respect, but it differs from the latter that it is deposited principally in the central nervous structures, while the lead deposition is more pronounced in the peripheral nervous system.

It is supposed that arsenic displaces phosphorus in the nervous system.

PHARMACOLOGY.

1. *Its Action on Micro-organisms.*—The power that arsenic has of preventing decomposition from going on in animal tissue is well known, being made use of in the dissecting room for this purpose. Its antiseptic action, however, when brought to bear on the organisms of ordinary putrefactive material is of a very low order, being very much inferior to the more commonly used antiseptics. In ordinary medicinal doses it exerts no influence on pepsine and other non-organized ferments. After death from acute arsenical poisoning the signs of putrefaction set in about the usual time, but they speedily become arrested and the body passes into a peculiar mummified condition, in which condition it may remain for a lengthened period.

2. *When Applied Externally.*—The preparations of arsenic when applied to the skin cause redness, inflammation or destruction of tissue according to their strength and character.

It is an irritant when applied in a mild form, and an escharotic when used in a concentrated form.

Its action as an escharotic is not brought about by any chemical influence that it exerts

* Lecture delivered before the Materia Medica Class, February 1885.

on the tissues. It does not, like the caustic acid and alkalies, coagulate the albuminous tissues. It acts more by direct interference with the nutrition of the tissues, causing rather a condensation and "mummifying" than an actual destruction of tissue. The escharotic action of arsenic is characterized by a high degree of inflammation, great swelling, and quick destruction of the part. It is a very painful escharctic. It should be always remembered that when weak applications of arsenic are used to destroy tissue, the arsenic may be absorbed in such quantities as to bring about fatal poisoning, while if a strong preparation is employed such a destruction of tissue takes place that absorption is prevented.

A case has come under my observation where a medical man applied a weak arsenical paste, for the removal of a malignant tumor, to the breast of a woman. It was followed by the prominent symptoms of acute arsenical poisoning, from which the woman recovered. Some days afterwards a weaker arsenical paste was used, and it was kept applied for some time. Subacute poisoning developed, which, not being recognized, persisted, and from the effects of which the patient died some days afterwards.

The lesson to be learned from this is that in applying arsenic for its caustic action it should be used in a sufficiently concentrated form to ensure the entire destruction of the parts.

3. *The Action of Arsenic when taken Internally.*—In very small doses (0.002 to 0.004, one-thirtieth to one-fifteenth of a grain) its action is that of a gentle tonic to the gastric mucous membrane. It increases the appetite and promotes digestion. When it is given in larger doses, and yet short of quantities sufficient to produce poisonous effects, it brings about a train of marked symptoms, which will be more appropriately described under the untoward effects of the drug.

Arsenic given in small, medicinal doses has the effects of increasing the intestinal secretions and of keeping the bowels regular when there is constipation. A part of this action is probably due to the fact that it causes a transudation from the intestinal vessels.

Action on the Blood.—Arsenic enters the blood with rapidity, and, like iron, enters into

combination with the red corpuscles, and not with the serum. It exists in the blood as an albuminate. Whether it has any power, like iron, of directly increasing the red cells has not been definitely determined. In all likelihood it has no such action. The principal action of arsenic on the blood is the power it has of increasing the amount of hæmoglobin in the corpuscles. It is, in the true sense of the term, a hæmatinic. When speaking of the action of iron on impoverished blood, I mentioned that there were two distinct influences manifested by this agent—the first being an increase in the number of the red cells, the second and more important being the increase in the amount of hæmoglobin in the individual corpuscles.

The difference between the hæmatinic powers of iron and arsenic is that the former has a double, while the latter has only a single, action. Iron increases the quantity and quality of the red cells, while arsenic only increases their quality. How arsenic increases the quality of the red corpuscles is not known. It does not, like iron, supply a deficiency.

Arsenic in overdoses diminishes both the number and quality of the red cells. In this connection I will make mention of a remarkable action possessed by arseniuretted hydrogen on the red blood disks. It has the power of displacing their hæmoglobin into the blood plasma. When inhaled in excess, a sufficient number of corpuscles are destroyed so as to give rise to a condition of hæmoglobinæmia. If the coloring matter discharged is sufficient to color the urine, then we have, in addition, the condition which is now called hæmoglobinuria. Pyrogallie acid, potassie chloride, and the different anæsthetic agents have all, when given in excess, similar actions on the coloring matter of the blood. In slight excess they cause hæmoglobinæmia; in great excess they give rise to both hæmoglobinæmia and hæmoglobinuria.

Although arsenic in overdoses interferes with the oxygen-carrying powers of the red cells, it does not destroy them.

Action on Metabolism.—Next in importance to the hæmatinic action of arsenic, and in some respects before it, is its influence on metabolism. It has a marked power in increasing metabolism. This constitutes its so-called "alterative" action.

It enters into combination with living protoplasm and exercises some obscure change in it, which rests in an increase of its nutrition. The above is the action of ordinary medicinal doses of arsenic. When it is given in overdoses we find that it very seriously interferes with the complete elaboration of the changes that takes place in the albuminous tissues. It prevents the fats from undergoing their transformation into carbonic acid and water. This action is due to the oxygen carrying power of the corpuscles being interfered with. As a result, we find fatty degeneration of the muscular and epithelial structures.

In poisonous doses, arsenic, like phosphorus, diminishes the amount of glycogen; and in these doses it acts as a direct protoplasmic poison.

The influence of arsenic on nutrition is well seen in those who take it habitually, like the peasants in the Styrian Alps. These people are in the habit of taking it daily in very considerable quantities. They begin with very small doses, and gradually increase the quantity until they are able to take with impunity quantities sufficient to bring about fatal poisoning in those unaccustomed to its use. An average dose for an adult Styrian peasant is 1.00 (15 grains) of arsenious acid in the week. The arsenic-eating is commenced at an early age, and continued usually during the whole lifetime. It is claimed by these people that the arsenic makes them long-winded, and that it enables them to do an amount of work which, without it, they could not do. They increase in weight and vigour generally. They became more pugnacious and salacious.

Action on the Circulation.—When arsenic is given for some time in small doses it acts as a weak cardiac stimulant, while large doses have a depressant action on the heart. In small doses it dilates the abdominal arterioles slightly, thus causing a transudation into the intestinal canal. It is in all probability owing to this action that arsenic tends to relieve constipation. In poisonous doses it causes great dilatation of these vessels, the result being a copious serous transudation, strikingly resembling the copious rice-water stools of Asiatic cholera. It was at one time thought that the serous diarrhoea

present in arsenical poisoning was owing to the gastro-enteritis set up by its irritating action, but now we know that it is due to the paralyzing influence that it exercises on the vaso-motor fibres of the abdominal arterioles.

In poisonous doses, death is not usually caused by the depressant action on the heart, but more commonly through a paralyzing influence on the respiratory centre in the medulla. This is almost constantly the case in warm-blooded animals, while in cold-blooded animals the contrary is the rule.

Action on the Respiration.—The power that arsenic possesses of making those who take it for a lengthened period "long winded" is probably explainable as much through its influence in increasing the hæmoglobin as through any direct stimulating influence on the respiratory centre. That the latter is a factor, however, in the production of this long-windedness is rendered probable from the experiments of Lesser.

When arsenic is given in overdoses it induces a form of dyspnoea, and in positively poisonous doses it completely paralyzes the respiratory centre.

Action on the Temperature.—When given in full medicinal doses a trifling rise in the temperature is observable. The opposite effect is constantly present from poisonous doses. This action on the body temperature is explainable through its influence on metabolism.

Action on the Nervous System.—The action of small doses of arsenic on the nervous system is that of a tonic. This is in all probability secondary to the hæmatizing influence of the drug. In larger doses, and especially in poisonous doses, it brings about a train of symptoms due to the direct deposition of the metal in the nervous tissues. It is especially apt to attack the multipolar cells of the anterior horns when given in overdoses for a long time. It produces paralysis, especially of the extensors. It resembles lead in this respect. They differ, however, in this particular, that the latter is more prone to affect the peripheral nerves, while the former is more likely to affect the central nervous system.

Remote Local Action.—During its elimination through the kidneys, arsenic does not exercise any constant effect on the quantity of urine, or

of its individual ingredients. It, as already mentioned, increases, when given in small doses, the nitrogeous waste, but it has no direct power over its elimination.

In its elimination through the skin, arsenic induces changes of a nature which are far from being perfectly understood.

TOXICOLOGY.

1. Acute Arsenical Poisoning.—The symptoms of this variety of poisoning are simply those of a severe toxic gastro-enteritis. They come on usually half an hour after the injection of the poison, and if the dose has been large the case is almost invariably fatal. No matter how arsenic is introduced, it commonly induces a gastro-enteritis, showing that its intestinal action is for the most part not confined to the mucous membrane. After death the usual signs of violent inflammatory action in the intestinal canal are commonly discernible; but cases do occur where during life severe intestinal symptoms were present, together with marked symptoms of a nervous character, such as giddiness, delirium, pain in the limbs, paralysis and coma, and where not the slightest trace of any inflammatory action was discernible in the mucous membrane of the intestinal canal. This is the so-called "Arsenicismus Cerebro-Spinalis."

Parenchymatous and fatty degeneration of the liver, kidneys, of the epithelium of the urinary tubules, of the heart muscles and of the voluntary muscles, are constantly to be observed if the patient has lived twenty-four hours or more. Cases of chronic poisoning are not uncommon as the result of arsenical emanations from wall paper, paints, hangings, dresses, ornaments, and not only from green colors containing arsenite of copper, but also red, drab, blue, gray, and enamel papers generally, and from aniline colors fixed by arsenical mordants in carpets, curtains, etc.

The more common symptoms that result from arsenical emanations are similar to those which we find when overdoses of an arsenical preparation are given internally. They are conjunctivitis, swelling of the eyelids, sore throat, nasal catarrh, nausea, and serous diarrhoea. At times the prominent symptoms are headache, mental irritability, and restlessness. If a per-

son has been exposed for a long time to the injurious influence of arsenic, we find, in addition to the above, paralysis of both upper and lower extremities. Arsenical paralysis is very slowly recovered from. Neuritis of the terminal branches of the radials I have observed several times in students who were engaged in dissecting. Erythematous pustules are frequently present, owing to the irritating action of the agent on the skin during its elimination. The ulcers which appear at the root of the nails are due to interference with the so-called trophic functions of the nerves. From one to two grains of arsenious acid may be looked upon as a fatal dose. In the treatment of a case of acute arsenical poisoning, after the stomach is emptied by means of the stomach pump or apomorphia, large quantities of dialyzed iron should be given repeatedly—a tablespoonful every few minutes. The freshly-prepared sesqui-oxide of iron may also be used. Neither of these antidotes are trustworthy except where the arsenical preparation has been taken in a state of solution. Your principal aim should be to see that the stomach is thoroughly cleaned, and afterwards treat the symptomatic indications on general physiological principles. In the treatment of chronic arsenical poisoning, the source of the poisoning should be discovered and removed, and the iodide of potassium should be given internally, but not in doses of over five grains, as otherwise a sufficient quantity of the arsenic may be reintroduced into the blood to bring about acute arsenicismus.

Therapeutics.—The external uses of arsenic are unimportant. Its internal uses are, however, of very great importance. Its action for good in a number of diseases is very striking, but as to the way in which it acts in many cases, we have no positive knowledge.

I will first take up its use in the so-called blood diseases. In ordinary anæmia it is a useful agent, but much inferior to iron. It is, however, curative in some cases where iron fails to bring about more than a slight and temporary improvement. It is more efficacious in the simple anæmia of advanced adult life, than in the form that is so common in young women. Sometimes a combination of iron and arsenic is followed by better results than when

either is given singly. In symptomatic anæmia arsenic is probably as powerful as a blood restorer as is iron. It is in the disease known as pernicious or idiopathic anæmia, where the hæmatinic action of arsenic far transcends that of iron. At the present time we characterize as idiopathic or pernicious all those cases of anæmia which run a fatal course, and where during life or after death no definite cause can be found for the profound destruction of the cellular elements of the blood. Many distinguished physicians go so far as to maintain that it is not possible for a patient to recover from what is called true idiopathic anæmia, and that the fact of a case of this form of anæmia being diagnosed and cured with arsenic or any other remedy, is proof that the diagnosis was incorrect. If these views are correct, there must be a form of severe anæmia, clinically indistinguishable from the "pernicious" form, and over which arsenic has at times a curative influence.

Several cases have been recorded by the most competent observers where the use of arsenic has been followed by a complete and permanent cure where true pernicious anæmia was diagnosed.

Bramwell, of Edinburgh, gives an account of a case under his care, which was treated for a period of three weeks in hospital with full doses of quinine and iron and later with phosphorized cod-liver oil. During all this time there was a steady advance in the severity of the case, and it was not checked until two minims of Fowler's solution were given thrice daily. The dose was gradually increased until fifteen minims thrice daily were taken. The after progress of the case may be described as one of slow but uninterrupted improvement. In a month's time he was able to attend as an outpatient. Shortly afterwards he was able to go to work, and expressed himself as feeling well again. The blood from presenting the characteristic alterations of pernicious anæmia became normal. Dr. Finney, of Dublin, reports three cases of this disease, two of which made complete and permanent recoveries while taking arsenic. Dr. Campbell, of Seaforth, and Dr. Graham, of Brussels, have each had cases of pernicious anæmia under their care, where the use of

arsenic was followed by complete recoveries, and where the previous use of iron had no effect whatever in staying the downward progress.

Dr. R. P. Howard, who was about the first, if not the first, on this continent to describe this disease, has had a very extensive experience of its treatment with arsenic. At the present time he has a case under observation where this agent has brought about apparently a complete recovery. The blood from presenting the characteristic alterations has assumed a normal appearance, and there is no evidence to indicate but what the recovery is a permanent one.

There is no necessity for laying before you any more proof of the value of arsenic in this disease. It is true the vast majority of cases of this form of anæmia proceed to their fatal ending in spite of arsenic or anything else, but even in the severest forms the progress is somewhat stayed by its timely and judicious use. It should always be the first agent to receive a fair trial.

It is not known how arsenic acts in idiopathic anæmia. It is more than probable that its influence is deeper than its hæmatinic action. There is another diseased condition bearing some analogy to pernicious anæmia, where the lengthened continuous use of arsenic does good, often great and permanent good. I refer to lymphomatous formations of the lymphatic and blood glands. These formations are of a semi-malignant nature. They generally occur in young adults, and as a rule gradually progress to a fatal termination. There are a number of these cases now recorded where the internal use of arsenic and its injection into the diseased glands has brought about a permanent improvement.

Billroth has recorded a remarkable case—that of a woman, aged 40, in whom the cervical, axillary and other glands, as well as the spleen, were affected, and where the internal administration of Fowler's solution brought about a permanent cure.

Winniwater and Israel have each had cases where permanent cures have resulted. No later than a few weeks ago, a case of this disease was shown at one of the Berlin Medical Societies, where the use of arsenic was attended by great and gradually progressive benefit.

In this connection I will mention the use of arsenic in malarial fevers. It is a well-known fact that, next to quinine and cinchonine, it is the most powerful agent we have for averting an attack of fever and ague. It appears to be especially useful in cases of long standing, where there is considerable loss of the red corpuscles of the blood, together with enlargement of the spleen.

In Diseases of the Nervous System.—Some of the most important uses of this drug are in diseases of the nervous system.

It is a valuable agent in many cases of chronic neuralgia, especially those cases depending on a depraved general state. It is said that it is of more value in facial and ovarian neuralgia than in the other more common varieties of this trouble. In gastralgia, which essentially is a neuralgic affection of the nerves of the stomach, arsenic is an agent of the greatest value.

There is one neurotic disorder where the use of arsenic accomplishes wonders, and that is in the condition called *angina pectoris*, including both the "true" and "false" varieties of this trouble.

When considering the actions and uses of the nitrites, I mentioned that they had a great influence in relieving these attacks and also in preventing them when given in the form of a slow acting nitrite, such as the sodium nitrite. I then mentioned that these agents acted symptomatically,—that they counteracted the active pathological state present during the anginal paroxysm—the contraction of the coronary arterioles.

Arsenic, however, does not act in this manner; it appears rather to combat or prevent the actual cause of the attacks, whatever this may be. It is supposed to be nerve degeneration, but on this subject we need much light. It is not only in anginal attacks that arsenic does good, but in fact in every painful intrinsic cardiac affection. Speaking of the use of this agent in cardiac disease attended with pain, Dr. G. W. Balfour, of Edinburgh, says that "next to digitalis, arsenic is probably our most important agent in the treatment of cardiac disease; its neurotic action is undoubtedly its most remarkable one, and its effect in removing cardiac pain

of an anginous character is really something marvellous." Another important use of arsenic is in the treatment of chorea. This disease is undoubtedly due to an instability of certain nervous motor centres, and it is likely that the arsenic acts here as it does in angina and in neuralgia in general. There is a general consensus of opinion that arsenic is by far the most useful agent that we have in the treatment of chorea. In a self-limited disease like this it is necessary that great care should be exercised in drawing conclusions as to the positive value of any agent. The value of arsenic, however, is unquestionable when we find that its administration to patients who have had chorea for months and even years is followed by recovery. Numerous instances are recorded of cure from its use in cases of chorea of over two years standing. Failure to obtain satisfactory results in the treatment of chorea with arsenic is frequently owing to a too small dose. Children of five years and upwards bear adult doses well. Girls, as a rule, require larger doses than boys. It is necessary to induce the milder physiological effects of the drugs usually before any marked difference is noticeable in the patient's condition. If these effects are brought about by small doses, the remedy should be employed hypodermically. When given in this way, doses of fifteen or twenty minims three times daily can be tolerated without the production of any of its untoward effects. In neuritis the internal use of arsenic is of much benefit. It is of especial benefit in the cases of neuritis as seen in the intercostal nerves, in the condition called *herpes zoster*. The pain preceding and following the eruption in these cases is very severe. There is no agent that can compare with arsenic in relieving this painful state. A great deal has been written about the beneficial action of arsenic in cases of asthma of a neurotic character. I am confident that its use in this disease has been very much overrated.

In all these cases it is impossible, in the present state of pharmacology, to say how arsenic acts. In some mysterious way it exerts an influence over nervous protoplasm.

The Influence of Arsenic in Tuberculosis.—Recently renewed attention has been directed to the "anti-tuberculous" properties of arsenic

by the great German surgeon, Langenbeck, who has published an account of several cases of tuberculous diseased joints where the internal administration of Fowler's solution was followed by very marked improvement both in the local conditions and general states. There is much evidence to show that arsenic has at least considerable influence in retarding the progress of the more chronic forms of pulmonary consumption. The acutely progressive cases are uninfluenced by it. The whole subject of tuberculosis, general and local, is at the present time in such a state of obscurity that it is idle work even speculating as to the possible ways that the alleged action of arsenic is brought about. Whether it is through an influence exerted on foreign protoplasmic agents in the blood, or through an influence on the metabolism of the tissues, is very far from being known.

Finally, I will refer to the use of arsenic in certain skin diseases. Not long ago, it was the almost universal custom to prescribe this drug in nearly all cases of chronic disease of the skin. As long as cases were chronic they were considered to be fit for the arsenical treatment. There is much less of this practice since we know that the great majority of chronic diseases of the skin are curable by local means. Since the humoral element in the pathology of diseases of the skin has been practically thrown aside, arsenic is less seldom used. It is not so very long ago that physicians talked about a "herpetic diathesis," just as they talked then and now about a scrofulous diathesis, a tuberculous diathesis, an arthritic diathesis, and as alkalies, etc., are given in the latter, and iodine in the scrofulous, so arsenic was prescribed for the "herpetic diathesis." Undoubtedly arsenic has a modifying influence on a number of chronic diseases of the skin, such as psoriasis and eczema, but this influence is not due to any obscure antidotal action on the so-called diathesis, but to the fact that the arsenic influences directly the morbid changes in the skin, during its elimination. A little known but important use of arsenic is the power it possesses of preventing bromide acne, and of curing it when it is present. We are often compelled to diminish the dose of the potassium bromide, or even to stop it altogether in the treatment of

epilepsy on account of the production of acne. By combining arsenic with the bromide, acne is prevented, and much larger doses of the latter can in consequence be given. At the present time there is an epileptic attending the University clinic for diseases of the nervous system, who is enabled to take two drams of the bromide daily without its producing any rash, because with each dose of his bromide he takes five minims of Fowler's solution. Previous to the administration of the latter, half the present dose of bromide caused a disfiguring acne. A rare untoward effect of arsenic is noticeable in this case. The patient's skin has assumed since he commenced the arsenic a brownish tint. The skin of the hands and face are more deeply stained than that of any other part of the body.

This staining is of no significance. It is not caused, like the staining produced by silver, by the deposition of the metal in the tissues. It will disappear shortly after the discontinuance of the drug.

It would serve no useful purpose were I to simply enumerate the score of other troubles where arsenic has been or is recommended. I have given an account of its great uses; and although it is impossible to give a scientific basis for all these, I would not have you to think less of it as a power for good on this account.

It is not so many years since digitalis was given in a purely empirical manner, and we may confidently look forward to a time in the near future when we can prescribe arsenic on the same sound physiological grounds that we prescribe digitalis to-day.

Dose and Mode of Administration.—In prescribing arsenic internally, the acid itself or Fowler's solution may be employed. The latter is the favourite method of giving it; but, as a rule, it is better to prescribe it without the lavender, as the latter frequently disgusts patients. The dose varies from 3 drops up to 30 drops. In commencing the arsenical treatment of any case it is not well to give more than the minimum dose until the patient's susceptibility to its action has been determined. The dose can then, if there is no special contra-indication, be gradually increased until 20 or

more minims are taken three times daily. When it is considered advisable to give more than 20 minims three times in the day (in case of severe chorea it is sometimes necessary), it had better be given hypodermically, because this method of introduction is less liable to cause the usual untoward effects. In cases of profound anæmia, where there is irritability of the stomach, Dr. R. P. Howard has resorted to the method of giving small doses frequently and with great success. He orders a minim of Fowler's solution every hour.

When arsenious acid is prescribed, it should be given in the form of pills. The following formula, which is known as Hebra's Asiatic pills, is much employed in Germany, especially in the treatment of chronic diseases of the skin:—

R Acidi arseniosi 0.25 (4½ gr.)
 Piperis nigri 2.50 (40 gr.)
 Mucilaginis gi. Arabici .. (q.s.)
 ℞. et fiat pil., No. 50.

Each pill contains 0.005 ($\frac{1}{3}$ gr.) of arsenious acid.

VERATRUM VIRIDE IN PUERPERAL CONVULSIONS.

BY WM. HENRY THAYER, M.D., OF BROOKLYN, N.Y.

In the treatment of puerperal convulsions—while recognizing uræmia as the constant predisposing cause, which may become the exciting cause—we must of course consider that the exciting cause may be reflex, requiring evacuation of the uterus, the stomach or the bowels for their arrest. All practicable measures to that end having been taken, as by active cathartics, or emetics, as indicated, we at once address ourselves to the nerve centres, to control nervous excitability until the exciting agent can be eliminated.

For this object, venesection was the reliance, until the employment of ether by inhalation largely superseded it. If venesection sometimes failed to relieve, ether never did, while the patient was kept unconscious; and it could safely be continued until delivery or free catharsis occurred, which usually terminated the paroxysms. It has been found, however, that *veratrum viride* in large doses will act as

thoroughly as ether, and its effects can be continued, and without producing unconsciousness.

In the condition of the nervous system that exists in puerperal convulsions, there is a peculiar tolerance of *veratrum viride*, so that the officinal dose has no effect. But large doses quiet the nervous erethism, producing a decided effect in a short time—sometimes in fifteen minutes, but almost certainly within an hour—and keeping the nervous system under control for several hours. The administration is followed by cooling of the surface, great lowering of the pulse in rate but not in strength, and along with this complete arrest of the convulsions. The state of the pulse is the guide in treatment. From a high rate, which rules in the disease, it is reduced to the normal standard or below it, and while it is kept below 60 there need be no fear of a recurrence of the paroxysms. When this effect has been once produced it will continue several hours, and a single dose may do it; if not apparent within an hour or less the medicine must be repeated in smaller doses, and it can be safely repeated at intervals until the pulse begins to fall. With the pulse for a guide, no untoward symptoms need occur from its use; the pulse may be brought down to 50 without any general depression; if carried so far as to produce vomiting we may find great prostration produced by the nausea, which is overcome within thirty or forty minutes by opium, or any diffusible stimulant—perhaps in less time by a solution of morphia hypodermically.

Dr. Norwood, of S.C., who introduced the use of *veratrum viride* as a very efficient agent in the treatment of acute febrile and inflammatory diseases, calls it “an arterial controller or vascular regulator,” and says, “its primary effect is to render the pulse slow, full, distinct and stronger.” “It allays morbid irritability in the nerves and muscles of voluntary motion.” “We have found nothing that arrests convulsions in children, accompanied with high febrile symptoms, with anything approximating such certainty and speed.” “Why would it not be the remedy in puerperal convulsions, when accompanied with frequent pulse, great heat and dryness of the skin, alone, or after bloodletting, where venesection was indicated?”

But Dr. Norwood never tried it in puerperal convulsions. In the paper from which I have quoted, published in 1868, he says, "In puerperal convulsions there is no remedy equal to stramonium."

The employment of veratrum viride in large doses in puerperal convulsions was first reported to the King's County Medical Society (New York) by Dr. Herbert Fearn, of Brooklyn, in 1869, substantiated by cases in which he had used drachm doses of the tincture, sometimes required to be many times repeated, with favorable results. This paper was published in the *American Journal of Obstetrics*, etc., May, 1871. I subsequently reported to the Society the following case, which has never been published, and will be sufficient for an illustration:

I was sent for at 9 a.m. to see a patient in consultation. She was a primipara, æt. 25, two years married; had had one miscarriage; was now at full term. Had had no trouble during her gestation; very moderate œdema of lower extremities for several weeks; nothing was known of her urine; her bowels had been evacuated daily. The day before she was to all appearance well, but in the evening had an attack of indigestion. Her physician was summoned at 10 p.m.; found her vomiting and complaining of cramp in the stomach; gave her ipecac, and afterwards cathartic doses of calomel. She became relieved, but at 4 a.m. had a convulsion, and had had no dejection.

The convulsions continued at intervals of half an hour or more till 9 a.m. They were severe and protracted, with frothing at the mouth, lividity of the face, and total unconsciousness, followed by coma and stertorous breathing; then an interval of partial restoration, but with indistinct utterance and without any recognition of friends. Between 4 and 9 o'clock she had been treated with tartrate of antimony in emetic doses; several assafoetida enemata, which had operated on her bowels; had been bled four ounces, and had had powerful sinapisms on various parts of her body. When the coma passed off she was very restless, throwing herself about and talking indistinctly and incoherently. Her pupils were dilated, pulse 120, hard, but not excessively full. The os uteri was high up, slightly dilated, the cervix not

entirely obliterated, and a uterine contraction took place during the examination.

Her physician readily acceded to my proposal to give veratrum viride in full doses, and at 9.40 a.m. we gave her nearly one drachm of the tincture. At 10 a.m. a convulsion as severe as before; at 11, another convulsion, and the last. As soon as she aroused from this she took twenty-five drops of Squibb's fluid extract of veratrum viride, which had been sent for on suspicion that the tincture we had administered was not of standard strength. But the relief probably came from the first dose, for she vomited almost immediately after swallowing the fluid extract, and probably rejected all of it. The vomiting continued for an hour, with great restlessness, the patient throwing herself almost incessantly over to the left. At 12.15 p.m. I saw her, found her rational and inclined to sleep, saying that her head was nearly free from pain; her pulse was 60 and soft. Labor went on well, and she was delivered of a dead child at 2.30 p.m. At 5 p.m. I found her quiet and comfortable, with a pulse of 84.

Since 1869, when Dr. Fearn's paper was read, the treatment of puerperal convulsions with veratrum viride has been slowly gaining favor; of which we have evidence in many communications to various societies and medical journals. Among the writers are Drs. Burge, Corey, Bunker, Pilcher, Sherwell, Brodie and Matheson, of Brooklyn; Whitehead, of Vicksburg, Miss.; Southworth and Crosby, of Michigan; Oatman, of Sacramento, Cal.; Fitch, of Illinois; and Fordyce Barker, two of whose cases are reported in the *Buffalo Medical Journal*, March, 1877. In one of Dr. Bunker's cases the patient was insensible for many hours, during which time the fluid extract was injected hypodermically, beginning with five drops, but frequently repeated until in twenty-four hours one ounce had been injected, and the patient recovered. In one of Dr. Fearn's cases of post-partum convulsions, five drachms of the tincture were given in ten hours, before the paroxysms were controlled; the patient recovered.

Stillé says, the depressing symptoms, when excessive, have generally been dispelled with facility, by suspending the use of the medicine and administering diffusible stimulants. The

effect of alcohol in counteracting the sedative action of the poison was shown, he says, in the case of a physician who took, by mistake, an ounce of the tincture of *veratrum viride* at one draught. Extreme nausea, vomiting, and some dyspnoea were the only evil consequences of this large dose. (*Stillé's Therapeutics and Materia Medica*, vol. 2, p. 297.)

The experience of one general practitioner in puerperal convulsions is not very great; but in the convulsions of children I have regularly employed *veratrum viride* for ten years past with excellent effect; and as a prophylactic in ephemeral fever in children who are subject to convulsions; with me it has largely superseded aconite in such conditions.

MASTITIS AND MAMMARY ABSCESS.

BY J. H. BURNS, M.B., TORONTO.

At the regular meeting of the Toronto Medical Society, held January 15th, Dr. Burns read a paper on the above subject, a synopsis of which we give. Of all the causes of this painful affection, a fissured condition of the nipples is by far the most frequent. Early attention to these parts by astringent washes, soothing powders and strict cleanliness will do more to prevent this fissured condition than is generally appreciated by obstetric practitioners.

The most earnest enquiry and frequent inspection of these parts will reward the physician for any amount of trouble taken in this direction. Writers on skin affections are unanimous in regarding an eczema of the nipple, if not promptly treated, as an almost certain precursor of irritation sufficient to lead to mammary inflammation and subsequent abscess.

Dr. Robinson, of New York, in a very recent "Manual of Dermatology," says: "Eczema is very frequent in nursing women. The forms met with are eczema rubrum and eczema impetiginosum, usually both nipples are affected. Longitudinal and horizontal fissures form and discharge a serous fluid which dries to crusts. The nipple soon becomes broader and flatter, and there is much pain and itching. Nursing increases the inflammation and purulent mastitis often results."

The fact is noted that irritation of the nipples is more frequently observed in primiparous women; and the writer of the paper gives it as his experience that women who bear their first child late in years are more than ordinarily predisposed to this affection. To a condition of general debility may be assigned many cases of excoriated nipples; and in such cases, so great resistance to treatment is found that, failing all other remedies, it may be necessary to wean the child.

Inflammation having extended to the breast, may terminate in resolution or in abscess. The seat of abscess may be superficial, *i.e.*, in front of the gland; deep, behind in the gland; or in the parenchyma proper. The superficial abscess is fortunately the most frequent, and so long as confined to the areolar tissue in that situation may be a matter of a few days only. Inflammation beginning in this site may rapidly extend to the whole areolar tissue surrounding the mamma and cause deep abscess posterior to it, or may be communicated to the gland itself. Glandular inflammation, however, is more generally the result of engorgement of the lacteal ducts and obstruction to the discharge of milk from one of the lobules. In this form of inflammation lobule after lobule may be affected successively, each becoming in its turn the seat of an abscess, and here we have a formidable affection to deal with. Severe constitutional disturbance follows. There is high fever, exhausting sweats, and profound prostration.

Diagnosis as to the seat of abscess is not difficult. When beneath the breast it should be remembered that pointing of fluid may be sought for a long time. Unusual bulging forward of the breast, so that the skin appears tense and glistening, should lead to early exploration and free opening, lest the pus discharge in numerous places and lead to troublesome fistulous sinuses. In all cases of abscess early and free incision should be made, and antiseptic precautions are of the utmost importance.

Nurses are to be forbidden to practice the method so dear to them, of "rubbing away the lump," unless by special permission after proper advice. Where a duct is engorged, gentle rub-

bing with the fingers, well lubricated with oil, in a direction from the circumference to the nipple, followed by the application of belladonna, is not only admissible, but is good practice; in other cases it will serve only to increase the irritation.

The treatment of fissures and excoriations of the nipples resolves itself into diligence as to cleanliness of the parts affected—careful washing after each time of suckling, and the application of soothing and astringent powders and lotions. Among the best may be mentioned powdered starch, calcined magnesia, tinc. benzoin co., glycerole of tannin alone, or combined with sulphurous acid, as advised by Dr. Playfair; nitrate of lead, sulphate of zinc, etc. These may all be found ineffectual; under such circumstances, early resort to the nipple shield is imperative. The rest given to the nipple by the use of a proper shield will, in the majority of instances, lead to a spontaneous cure. The glass shield, with a rubber teat, is an excellent modification of this appliance. It also serves to draw out flattened nipples.

When the breast has become the seat of inflammation, support by means of the sling gives positive comfort and should be applied early. Support and pressure may be combined by the use of straps of adhesive plaster, evenly applied. Resolution will more likely follow this means than any other. The application of ice is recommended, but has failed in the writer's hands, as has also the use of phytolacca.

After the abscess, wherever situated, has been opened and thoroughly evacuated by careful pressure, support and compression by adhesive plaster to bring the abscess walls together is insisted on. Constitutional treatment with tonics, especially quinine, should be actively employed.

The amount of interference with lacteal secretion, the condition of the child, and the constitutional disturbance of the mother will be the best guide to the physician as to the propriety of weaning in this affection.

In glandular abscess of one mamma it may be found necessary to restrict the child to the healthy breast, although cases will occur where, notwithstanding the violence done by a succession of abscesses, lacteal secretion is maintained and the child is nourished from both breasts.

THE PREVENTION OF OPIUM ADDICTION, WITH SPECIAL REFERENCE TO THE VALUE OF GALVANISM FOR RELIEF OF NEURALGIC PAIN.

BY J. B. MATTISON, M.D., BROOKLYN, N.Y.

(Read before the King's County Medical Society, Feb. 17th, 1885.)

Pain is the paramount cause of addiction to opium. Barring slaves to the pipe—who are simply victims of a vicious indulgence—exceptions to this statement are so infrequent as to weigh little against its correctness as a whole. In an experience embracing many cases, but a single instance to the contrary has been noted. Granting this the great generic factor, and believing prevention better than cure, one can appreciate the surpassing importance of the therapeutics of pain in relation to the prophylaxis of this growing neurosis.

Peerless among anodynes is opium, yet it is potent for evil as well as good, and its power for ill is one of which we believe the profession at large have not an adequate conception, or, if aware of it, fail to realize it to the extent it deserves: and not until the mischief is done beyond their undoing, do they rise to an appreciation of what a subtle enemy is often ambushed behind a seeming friend.

The power of opium to make itself a necessity—to create a demand for continued taking—would be almost incredible, were it not so often attested by sad experience. The writer's belief in this peculiar property becomes more profound with each case coming under his care; and when medical men, in general, accept it as a fact, and act accordingly, we believe the steadily growing proportions of this toxic disorder will be speedily checked and decline.

Pain, be the character what it may, if sufficiently persistent, and the giving of opiates too prolonged, will, almost unfailingly, beget this disease. But it is to the strictly neuralgic type, the one so often encountered by every day medical men, that this assertion pre-eminently applies. It goes without saying that in no other land does this outcome of impaired nerve tone prevail as with us. Why this is is well enough known, and need not detain us here. The fact cannot be gainsaid that neuralgia abounds, and that its treatment with opiates—

especially morphia, hypodermically—has made more opium habitues than can be placed to the credit of any other one cause.

It would ill become us to assert that this lamentable sequel can be entirely prevented, but we certainly think it can be largely lessened, and the special point of this paper is to invite renewed attention to a remedy the value of which the profession at large have not, we think, proper knowledge and appreciation, and which, in our opinion, outranks all others as a substitute for opium in the relief of neuralgic pain.

Dr. Anstie, in his unrivalled work on neuralgia, speaking of electricity in its treatment, said: "I shall make bold to say, that nothing but the general ignorance of the facts can account for the extraordinary supineness of the mass of English practitioners with regard to this question." Nearly a decade and a half have passed since this was written, and yet we believe it is true, to-day, of many American medical men. Certain it is, no physician who has not had properly directed experience on this subject can form any idea of the possibilities for good possessed by a well equipped galvanic battery. Anstie's estimate of it was: "The constant current is a remedy for neuralgia unapproached in power by any other save only blistering and hypodermic morphia, and even the latter is often surpassed by it in permanence of effect: while it is also applicable in not a few cases where blistering would be useless or worse."

With this opinion we are in full accord, and a growing experience serves only to strengthen our conviction of its truth.

In a paper by the writer—*Louisville Medical News*, February 23rd, 1884—attention was called to the value of this agent in relieving migraine. Our present purpose is to ask consideration of its merit, by actual trial in the hands of those who have not employed it, for the relief of other neuralgic pain. Every physician who has given attention to the treatment of opium habitues well knows how often some form of neuralgia follows among the sequelæ of an opiate disusing. Those that slumber, as it were, during the opiate addiction often seemingly take on a new lease of life. Others that may be pronounced are essentially the outcome

of impaired nerve tone due to the opium-taking. In either event they must be remedied, if we would have the prospect of permanent cure at all promising.

One danger ever menaces the ex-opium habitue—the occurrence of pain and the risk in re-using opiates. To guard against this latter, he must needs lend every effort, for on its success his future depends. He who has escaped the thralldom of opium is no longer like his fellows. The boon granted them, if required, is denied him; for one dose of the old narcotic may undo all done months or years before—a truth many an habitue learns by sorrowful experience, but one which, happily, proves at times an increased and assured protection against future ill.

To the ex-habitué some substitute for opium is, then, a *sine qua non*, and of all such with which we have had any experience not one equals the galvanic current. It is a most valued ally, and our estimate of its worth increases as experience with it extends. Points in its favour, as compared with remedies given by mouth, so far as regards unpleasant gastric or other results, need not be stated; they are self-suggestive. One great advantage it possesses is promptness of effect, often surpassing in this respect even hypodermic morphia. The latter is sometimes ineligible; and, when it acts kindly as an anodyne, is frequently followed by such nausea, vomiting, headache or general discomfort as to make the freedom from pain a relief dearly bought. No such charge can be made against the current; for when it fails, as at times it will, disagreeable sequelæ are not noted if the battery has been properly equipped and rightly managed.

We are not aware that ex-opium habitues possess any peculiarity or susceptibility that makes neuralgic pain in them any more amenable to galvanic treatment than when it occurs in those not addicted to this drug. If this be true, it follows that the latter are as eligible subjects for the constant current, with just as rich promise of successful result, as the former. Authorities agree as to its value. Bartholow says: "There is no fact more certain than the power of galvanism to relieve pain." Others, commending it, declare, as did Anstie, that lack of knowledge as to its value, and consequent

failure to employ it, are largely the cause of its limited use.

This paper, as asserted, is a plea for securing a practical acquaintance with it at the hands of those who are now unaware of its worth. Electricity need not and should not be limited to the specialist. Every practitioner, if he will, may avail himself of it. Careful study of its theory will pave the way for success in its practice. Varied works of this topic are at his service, and, without disparagement to others, it may be said that the last edition of De Watteville's treatise will bring him quite abreast the times regarding it.

One obstacle to its more general employment may have been the lack of a battery that combines three features desired—lightness, smallness, cheapness. Faradic batteries of this type abound, but the interrupted current is of very limited value in true neuralgic pain. Had the demand for such a battery, incident to a more extended use of the constant current, been created, we are inclined to think it would have been promptly supplied. At present we know of no galvanic battery, unless specially constructed, that contains less than ten or twelve cells. Absence of a smaller and less costly instrument has, we think, been a bar to more extensive use of electricity. As a fact, in very many cases, the larger batteries are not needed. Of all forms of neuralgia, facial is the most frequent, and in many instances a current of from 2 to 4 cells will suffice for its relief. We have repeatedly proven this with the Bartlett battery, made by the Galvano-Faradic Company, which, when a large instrument—12 to 36 cells—is desired, has many points in its favour.

For those desiring a smaller battery, the Kidder Manufacturing Company make one of four cells, which we have known give entire relief in severe neuralgic pain. It is small, inexpensive, and efficient. Not only is it valuable in professional hands, but it is especially adapted to domestic use, details of its management being easily acquired and applied.

Galvanism is not here lauded as a specific for neuralgia, nor is it intended to serve as a substitute for well directed general treatment to improve the impaired nerve status on which the painful bouts depend. Neither of these roles

will it fill, although cases have been recorded where entire and permanent freedom from suffering has followed a single application, but this is not the rule. The great point gained by it is relief from pain without resort to opium—the exceeding importance of which will be all the more appreciated when one considers the oft-recurring outbreaks so peculiar to this disorder, and the consequent need of repeated narcotic doses to secure the desired result.

Having decided on a trial of galvanism, the strength of current, points of application, and length and frequency of sittings must be duly considered. Regarding all these, careful study should be made of some standard work on the subject; but, in general, it may be said, as to the first, it must be painless—nothing more than moderate tingling, burning or redness under the negative pole. When used about the head, a current strong enough to cause slight flashings of light if the eyes are closed when the circuit is broken, will usually relieve the pain. In a battery, newly charged, we have known two cells suffice. Minimum strength is required about the brain; marked flashes, vertigo, or faintness are excess, and must be avoided.

Neuralgia of the trunk and extremities requires a stronger current, the extent of which individual peculiarity must determine.

The site of the electrodes varies according to the nature of the case, but, as a rule, the positive pole over the vertebra corresponding with the exit point of the nerve affected and the negative over the painful part will succeed. Some insist on a reverse order—i.e., negative to the spine—but, in general, it is not essential: either will answer, though, as a fact, we have invariably noted in bilateral cases earlier subsidence of pain under the negative pole. In the latter, exceptions to this method may be practised; for instance, in migraine, an electrode on each mastoid, or in supra-orbital or temporal, over each eye or temple.

Length of sitting varies. Anstie asserts five to fifteen minutes the rule. We have repeatedly known less than the first sufficient, and have not hesitated to continue it more than the latter if the attack showed tendency to subside. Prolonged sittings are more allowable to parts other than the head and face. Pelvic neuralgias and

sciatica most often require extended sittings. If several painful points, the current can be no longer given by varying the site of application, taking care not to break it, by lifting the electrode, but allowing it to glide from one place to another.

Frequency of sitting depends on frequency of attack. Every bout should at once be arrested. The more promptly this is effected the better. It lessens nerve exhaustion and tendency to recur. Dr. Herbert Tibbits cites a striking case bearing on this point. A patient for two years had been subject to attacks of neuralgic pain, occurring from six to twenty times daily. She was galvanized twenty times on the first day. Improvement was rapid: after a month's treatment, attacks were reduced to one or two weekly; in three months patient was cured. Dr. Tibbits believes that in severe and obstinate cases the full sedative effect of the current is only to be obtained by applying it as frequently as the paroxysms of pain recur.

Two cases under personal care will illustrate. Mrs. A. became an habitue from using morphia for relief of pelvic pain. After twelve years' addiction, reaching a daily taking of twelve grains hypodermically, she came under the writer's care and recovered. During her convalescence she had repeated attacks of neuralgia—seventeen in all—and some exceptionally severe. Thirteen were ovarian, three trigeminal, and one intercostal. In every instance the constant current gave entire relief after a seance ranging from six to twenty minutes, with a strength of six to sixteen cells. The negative pole was always applied to the painful part. This lady's husband is a physician, and in his hands the battery has since served her well.

Mrs. B., recovering from an opiate addiction, had from one to four neuralgic attacks daily for nearly three weeks, and then, at increasing interval, a fortnight longer. They were bilateral, supra-orbital and through temples. Some were intense. Without exception, every one was entirely relieved in from three to seven minutes by a two to four galvanic current. The poles were applied to the painful points, and it was invariably noted that the pain first subsided under the negative pole. Patient was instructed how to use the battery, and repeatedly did so

with success. Leaving our care, she sailed for the Bahamas; and in order to be prepared for possible neuralgic returns, we supplied her with a four-cell Kidder galvanic, the efficacy of which we had determined by several trials, in which a two-cell current had given entire relief. Tidings received since her leaving prove it retains its power to remove the occasionally recurring pain.

Nothing could be more satisfactory—in fact, we know of nothing so much so—as the prompt and complete success of galvanism in these cases. And they are not isolated examples. Their like abounds in medical annals. The Germans, notably Niemeyer, have given some most striking cases, making them, as has been well asserted, “among the most interesting facts in therapeutics that have ever been recorded.”

Since then there is at command a remedy so effective, and withal so free from unpleasant result, we urge the profession to avail themselves more largely of this powerful auxiliary in the therapeutics of neuralgic pain, instead of the so common resort to opiates, and especially the facile—yet so often fatal as regards the mental and physical health and happiness of many—hypodermic syringe. It is a trite story, but it is a true one—this using of opium to one's harm. Its importance cannot well be over-insisted on, and the right-minded physician must admit and appreciate it, if he would conserve the wellbeing of many who consign themselves to his care.

But it is so easy to prescribe an opiate for neuralgia pain that medical men, unmindful of possible harm, have been too often content to follow the old routine. Is it not time to begin a new order of things—to get out of the old path into one that will lead to better results, since free from the former risk?

Would it not be wiser for every practitioner to equip and acquaint himself with galvanic battery, and make trial of this rather than at once resort to opium? Would it not be far more prudent to provide his neuralgic patient, if occasion required, with this, and instruct as to its use, rather than supply morphia or an opiate prescription, which, as every one knows, can be easily refilled; or, most pernicious of all advice—since it is almost sure to have a ruinous ending—to counsel the purchase and self-using of a hypodermic syringe?

Let each one put this query to himself and weigh well the answer.

Selections.

TRYPSIN AS A SOLVENT OF THE DIPHThERITIC MEMBRANE.

Dr. B. M. Van Syckel, of 2091 Sixth Avenue, recommends a trial of trypsin as a topical application in diphtheria. Trypsin is one of the ferments of the pancreatic fluid. It will dissolve its own weight of fibrine in from five to ten minutes at a temperature of 37° Cent. (98.5° F.). It has been successfully employed as a solvent of the false membrane in diphtheria by Drs. J. Lewis Smith, of New York, and J. A. Keating, of Philadelphia, and at present several gentlemen are engaged in clinical experiments to determine its value for this purpose. Dr. Van Syckel has found that when the diphtheritic membrane, removed post-mortem, is immersed in a trypsin solution at a temperature of 37° Cent., "it becomes transparent and slightly swollen, then breaking into fragments it is slowly dissolved, with the exception of a small residue consisting of cells and possibly bacteria. This settles to the bottom of the glass, leaving the solution slightly turbid and mucilaginous. In cases where the membrane is still adherent to the surrounding tissue, the solvent action of the trypsin is slower, but no apparent change takes place in the healthy tissue." The solution is to be applied by means of the spray, applications being made every fifteen minutes if possible, or as often as the strength of the patient will permit, only a small amount of the liquid being used at each spraying. The importance of frequent applications should be impressed upon the parents or nurse, as upon this depends the success of the treatment. A leading pharmaceutical firm of this city is now employed in preparing a solution for use in diphtheria; but the writer states that the following extemporaneous preparation has been found very serviceable in his hands: 50 c.c. (3 j. 3 vj.) of a 1 to 1,000 solution of salicylic acid may be added to 5 gm. (3 j. gr. xvij.) of "extractum pancreatis," and the mixture allowed to digest in a water-bath at a temperature of 37° C. (98.5° F.) for four hours, then filtered and made slightly alkaline by the addition of bicarbonate of soda. The solution should be made only as required, as it will not keep more than one or two weeks.—*New York Medical Record.*

TREATMENT OF WHOOPING COUGH BY CROTON CHLORAL.

Dr. W. C. Webb, of Bryantsville, Ky., says in the *American Practitioner* that he has employed croton chloral in whooping cough with more benefit than he found from almost any other remedy. This drug does not derange the digestive organs, nor affect the vital nervous centres. Patients frequently fall asleep on their chairs after using it. On taking this remedy the patient must be watched lest toxic symptoms be manifested. A child from one to two years old may take 1 grain of the preparation every four hours. One ten years old, may take 2 grains as often. After the first week the dose should be lessened and given at longer intervals. Should there be much gastric irritability, or should the paroxysm be very severe, a few whiffs of chloroform may be given in advance of the croton chloral. This may be repeated only three or four times.

The following formulæ are given for its administration: R. Croton chloral, 3 j; tinct. cardamon comp.; glycerine aa 3 ij. Sig.—One half a teaspoonful every four hours for a child two years old and under; or, R. Croton chloral, 3 j; tinc. belladon., 5 ij; tinct. cardamon comp., 3 ij; glycerine, 3 iij. M. Sig.—One-half teaspoonful.—*Medical Summary.*

CHLORAL HYDRATE AS VESICANT.—Dr. A. M. Fauntleroy (*Southern Clinic*) recommends powdered chloral hydrate sprinkled on adhesive plaster and melted by a gentle heat—not more than sufficient to cause the plaster to adhere to the flesh. It is applied while warm to the part where the blister is wanted; within a few minutes a gentle heat is felt, increasing in intensity for a short time, then gradually easing off, and at the end of ten minutes the part is free from pain, and effectually blistered. Thus, within about 10 minutes, the work of an old-fashioned blister is accomplished, with many advantages over the latter, viz.: 1. Rapidity of action. 2. Ease of application. 3. Non occurrence of strangury. 4. The blister requires no dressing. The plaster is simply allowed to remain until it loosens and comes off itself. The blistered surface is, in the meanwhile, healing kindly.

TENDON REFLEXES IN CHOLERA.—Dr. A. Josias concludes from his researches, that the tendon reflexes are exaggerated in cholera at the beginning and at the crisis of the disease, and are lessened or normal during convalescence and recovery. In severe cases of rapid onset this exaggeration is constant; in grave cases of slower evolution it is frequent, and in mild cases the reflexes are normal.—*Le Prog. Méd.*

CURE FOR CHILBLAINS.—Boil a stalk of celery in water sufficient for a hand or foot-bath. Take the bath as hot as can be borne. The chilblains will have disappeared by the next morning.—*Jour. de Méd. de Paris.*

Terpene hydrate absorbs and condenses oxygen, and afterwards by evaporation parts with it as ozone. It is prepared by distilling in vacuo the buds and resins of *Pinus Maritima* and *Paustalis* at as low a temperature as possible. The terebene thus obtained is intimately mixed with a certain quantity of distilled water. The mixture is then made to absorb oxygen to saturation. The liquid thus prepared possesses very pronounced disinfecting properties. It has been successfully used as an inhalation in phthisis and diphtheria—as a dressing for surgical and other wounds—as an injection in dilated stomach with foetid eructations it has been of great benefit giving rise to none of that gastric irritation occasioned by the injection of oxygenated water.—*Jour. de Méd. de Paris.*

R. B. N.

In the Feb. number of the *Journal of Cutaneous and Venereal Diseases*, there appeared an able article on treatment of ring worm of the scalp, by Dr. Alexander. He recommends the use of a pigment composed of chrysarobin (of the strength of ten per cent. in Liquor Gutta-perchæ). It is applied in the following way: The hair was closely cut or shaved on all the heads which presented scaly patches; the scalp was thoroughly cleansed, and epilation by forceps of the hairs on the spots and for a short distance around them was practised. This left a clear, bald spot, the centre and greater part of which was thickened, infiltrated and of a dark-gray

color, contrasting sharply with the healthy skin around it. This discolored area was then covered with a layer of the pigment applied with a stiff brush. Nothing further was done until the artificial cuticle began to crack, or until the growing hairs pushed their way up through it. The application was then renewed, and this was done twice or thrice a week. No attempt to isolate the patients was made, and no other precautions taken except to make them wear caps, to insist on frequent inspections and thorough cleanliness, and to attend to their general health. Cod-liver oil or iron were administered to such as seemed to require them.

IODIDE OF POTASSIUM IN THE TREATMENT OF PNEUMONIA.—The *Practitioner* summarizes two articles on this subject by Schwartz ("Bull. gén. de thérap.") and Gualdi ("Boll. della R. Acad. Med. di Roma.") Schwartz recommends the administration of six grains of the drug every two hours, and records a number of cures under this treatment. Ice-bags were applied over the affected lung. Gualdi has followed the same method in many cases with great success. Both observers agree that the use of the remedy causes a speedy disappearance of the fever and dyspnoea, while the local condition remains unchanged. It should be given at the outset, and the applications of ice must not be continued after the stage of congestion is past. It is noted that children respond to the treatment better than adults.—*N. Y. Med. Jour.*

TOPICAL APPLICATION FOR DENTAL CARIES.—Redier (*Union med.*) suggests the following mixture:

| | |
|--------------------------|------------------------|
| Tincture of benzoin..... | 1 drachm; |
| Tincture of opium, | } each ½ drachm. |
| Chloroform, | |
| Creosote, | |

Cleanse the carious cavity, and introduce into it a small tampon of cotton soaked in the mixture. This is to be left *in situ* for a few minutes, and then removed in case relief is not obtained. The action of the remedy is said to be prompt and almost invariably successful.—*N. Y. Med. Jour.*

A COMBINATION OF BROMIDES FOR EPILEPSY.—Erlenmeyer (*Centralbl. f. Nervenheilk*) recommends the following formula :

| | |
|-----------------------------|-------------------|
| Bromide of ammonium..... | 30 grains ; |
| Bromide of potassium, } | each ..1 drachm ; |
| Bromide of sodium, } | |
| Water..... | 24 ounces. |

The whole is to be given in the course of twenty-four hours.

It is said that the use of this mixture does not cause bromism, even acne not having been observed under its action, and that its control over the attacks is very decided.—*N. Y. Med. Jour.*

A RESOLVENT OINTMENT.—M. Mallez (*Union med.*) gives the following formula :

| | |
|----------------------------|-------------|
| Iodide of lead..... | 75 grains ; |
| Iodide of potassium, } | each.. 30 “ |
| Extract of belladonna, } | |
| Extract of opium..... | 8 “ |
| Lard..... | 12 drachms. |

This ointment is recommended for use in cases of orchitis, to be applied night and morning, also, applied along the course of the urethra, to promote the absorption of surrounding deposits in cases of gonorrhœa.—*N. Y. Med. Jour.*

THE CHAIR OF PATHOLOGY AT LEIPSIK.—Prof. Birch-Hirschfeld, of Dresden, has been nominated to the Chair of Pathological Anatomy at Leipsic, vacant by the death of the late Prof. Cohnheim. The new professor is perhaps best known for his exhaustive text-book on Pathological Anatomy, of which the second edition is now appearing. He has done much original work in bacteriological subjects. He is not, therefore, likely to pursue the physiological line of inquiry so much advanced by the late illustrious teacher.—*Lancet.*

OBSTRUCTION FROM GALL STONES. — At a recent discussion in the N. Y. Surgical Society several speakers spoke highly of the efficacy of phosphate of sodium in cases of obstruction from gall stones. It should be given in drachm doses thrice daily for months if necessary.

HIGH TEMPERATURES.—Mr. Tait reports in the *Lancet* two cases with remarkably high body-temperatures. Both were associated with ovarian disease. In the first case an ovarian tumor was removed; the temperature reached its maximum, 111°, on the fifth day after the operation, declining to normal on the eighth day. Nothing was found to account for the fever. The second patient was ill with chronic ovaritis, and, after some heavy lifting, the symptoms of pelvic peritonitis supervened. During the following two weeks her temperature often went up to 110° and 111°. She made a slow recovery and has had frequent relapses, but no repetition of the extremely high temperature.—*Chronicle.*

WARM DOUCHING OF THE HEAD AND NECK IN THE INSOMNIA OF CONTINUED OR ERUPTIVE FEVERS.

BY ARTHUR J. CAMPBELL, M.B.

In the *British Medical Journal* for December 6th there is an article on “The Cold Bath in Enteric Fever.” In this, Dr. Alexander Collie condemns the practice of lowering the temperature by such means : first, because the temperature is not the primary disease ; secondly, because as good results are probably obtained without its use ; and, thirdly, because, in severe cases, the bath is contraindicated by the cardiac weakness.

While I agree entirely as to the unsuitableness of such a proceeding as plunging a timid, disease-weakened patient into cold water, I wish to point out what I consider a most pleasant and soothing method of employing a douche, especially indicated in sleeplessness, and not contraindicated by cardiac debility ; the proceeding is neither novel, difficult, nor disagreeable, and is productive of the best results if efficiently performed.

The patient's shoulders having been wrapped in a sheet or blanket, and his ears plugged with cotton-wool, his head is supported over the edge of the bed (a suitable vessel being placed underneath to receive the water), while a gentle stream of warm water from the rose-spout of an ordinary watering-pot is directed over the

head and neck. The watering-pot should be held at least eighteen inches above the level of the patient's head, and the douching may be kept up for three or four minutes; the head should then be lightly dried with a towel, and the patient lifted into his ordinary position in bed. As a rule, sleep is produced within a short time.—*Brit. Med. Jour.*

Dr. Fordyce Barker, the family physician of Gen. Grant, is reported to have recently given the following account of his condition: "Gen. Grant's health has improved very much during the past few weeks, and the swelling in his mouth, which a few weeks ago made it difficult for him to talk or eat, has subsided in a great measure. Some eight or ten weeks ago he was suffering from a swelling, accompanied by great pain, in the back of the tongue, and I called in Dr. J. H. Douglas for the purpose of applying local treatment. The General's smoking, in which he had been accustomed to indulge all his life to excess, seemed to irritate the tongue, although he was not conscious of its affecting his general system. We therefore advised him to cut down his smoking to the first half of three cigars a day, as we thought it probable that it was the nicotine which accumulated in the last half of the cigar that produced the irritation. He followed this advice for perhaps a week, and then gave up smoking entirely, apparently without the least disturbance to his nervous system, loss of sleep, or other unpleasant effect whatever. This was remarkable, as he had been smoking from twelve to fifteen cigars a day. The improvement in his condition since then is marvellous. Under treatment by muriate of cocaine not only has the pain been greatly diminished, but the capillary congestion of the tissues has in a large measure disappeared." Dr. Douglas intimated that the trouble in the tongue was of an epitheliomatous character.—*Jour. Am. Med. Asso.*

NEPHRECTOMY. — Mr. Knowsley Thornton has had eleven nephrectomies. All the patients have recovered and are well. He employed in every case abdominal section, generally by Langenbuch's incision. The vesical end of ureter was fixed outside abdomen in seven cases.

THE TREATMENT OF PHIMOSIS WITHOUT CUTTING OPERATION. — Recently a child aged 18 months, with a tight phimosis, was placed under ether; I then inserted within the prepuce the end of a pair of dressing forceps, expanded the blades, and with great ease retracted the prepuce behind the glans. The facility and rapidity with which this was done (the whole process being almost momentarily) and the satisfactory results, led me to doubt whether it is justifiable to submit any infant to the risk, however slight, attending circumcision (to say nothing of other objections), and in the case of adults (for whom Mr. Richmond's ingenious instrument appears specially intended) it seems to me highly probable at any rate that a similar proceeding could be well borne without anaesthetics, and that it would be preferred by the patient to a tedious gradual dilatation.—HERBERT L. SNOW, in *British Med. Jour.*

UNUSUAL OCCURRENCE IN TRACHEOTOMY.—Mr. Osborn reports a case (*Br. Med. Jour.*) where he performed laryngo-tracheotomy for croup, in which the symptoms, as far as difficulties in breathing were concerned, were not relieved. A necropsy showed that the false membrane had not been punctured, and the tracheotomy tube passed down between trachea and membrane.

ANTISEPTIC SURGERY. — The *N. Y. Med. Journal* thinks it probable that no surgeons understand the principles of antiseptics better, and carry them out worse, than Americans.

EXTRA-GENITAL CHANCRES.—Drs. Laverigne and Perrin have published in the *Annales de Dermatologie et de Syphiligraphie* a report of the extra-genital chancres which they have observed in 1883 at the St. Louis Hospital, in the service of Prof. Fournier. In one year and in one service of this wonderful hospital, which has six services equally important, and the clinical richness of which can only be appreciated by a long attendance, these conscientious observers have collected twenty-seven cases of extra-genital chancres, which may be divided as follows: Lips, 10; eye and eyelids, 5; cheek, 2; anus, 2; nose, ear, neck, arm, finger, bosom, leg, thigh,

each, 1; total 27. As an interesting feature we note that among the twenty-seven patients, twenty-one were men, and only six women; that five times the contagion had followed the bite of a patient affected with buccal syphilides. In sixteen out of the twenty-seven cases, the mode of contagion was not discovered. This interesting work terminates with a monograph upon chancres of the eye.—*Jl. Cut. and Venereal Diseases.*

FISSURE OF THE ANUS.—Dr. Kelsey says that for the past two years he had not been obliged to stretch the sphincter for fissure of the anus, but had used instead a weak solution of nitrate of silver—never of more than five or ten grains to the ounce. In a recent case the patient was cured by a single application of a ten-grain solution, and in another and very severe and obstinate case a cure was effected in three weeks by this method.—*N. Y. Med. Jour.*

SIR JOSEPH LISTER.—The Emperor of Germany has just conferred on Sir Joseph Lister the "Ordre pour le Mérite" for Science and Arts. This act of the venerable Emperor is a generous recognition of the claims of British medical science. In commenting on it, the *Lancet* says: "The discoverer of vaccination has been more honored in Germany than in his own country, in accordance with the Scripture that 'cannot be broken.' The quiet revolution in surgery, involving the practical abolition of pyæmia, hospital erysipelas, and gangrene, and an infinite diminution in the calamities of surgery, which we owe to Sir Joseph Lister more than to any other single man, is a service to mankind not quite on the same scale as the discovery of vaccination, but of very far-reaching consequence."—*Medical News.*

While discussing vaginal examination, Emmet says that "a patient once informed him that she had refused to submit to an examination because she noticed that the physician whom she consulted did not keep his finger nails clean. This circumstance convinced her that, if he was so negligent of his own person, he would be quite as likely to neglect the details of her case."—*Detroit Lancet.*

SEVERE OR "UNCONTROLLABLE" VOMITING OF PREGNANCY.

At a meeting of the London Obstetric Society, Dr. Graily Hewitt, in a paper, said there were two factors in the vomiting: 1st, Altered position or incarceration; 2nd, indentation of tissue near os internum.

Dr. Barnes said that excessive vomiting in pregnancy was an instance of a physiological process passing the healthy boundary. The physiological basis was vascular and nervous tension peculiar to pregnancy. Vomiting was a safety-valve for nervous energy, and a safeguard against nervous seizures, such as eclampsia. Vomiting was a sort of physiological convulsion, and so was labour itself. After delivery, the tension ceased, and the liability to vomiting also. The exciting cause of the vomiting of pregnancy was usually in the uterus itself. The fact of the vomiting occurring as soon as the patient got up might be partly explained by increased flexion, partly, also, by Bretonneau's theory of rapid distension of the uterine fibres under increased hydraulic pressure of the blood from the erect position, when the nervous centre was most excitable after rest, and the inhibitory force weakest from fasting. Since flexion remained for the rest of the day, however, flexion was not sufficient. Vomiting later in pregnancy, which was the severer form, was kept up by starvation when once started; degraded blood increased the irritability, and a vicious circle was formed. Albuminuria was a further evidence of toxæmia, and hiccough was a form of convulsion. The vomiting seen in obstructive dysmenorrhœa was analogous. The solution was not to be sought in any one factor, but nervous and vascular tension underlay the whole question.

Dr. Braxton Hicks said the term "severe" was too vague, and he had never seen uncontrollable vomiting. The vomiting of pregnancy was so variable that severe vomiting could not be considerable apart from the vomiting which might be called natural. When the pulse rose, emaciation commenced and the tongue became red, and the epigastrium tender, the case became urgent. He had never seen a case which had not yielded to remedies. With regard to

the cause of vomiting, he agreed in many points with Dr. Barnes. Since Dr. Graily Hewitt's first paper he had examined all cases carefully, and he had never found any displacement or other local disturbance requiring mechanical treatment, nor had he ever failed to carry his patient safely to full time by the persistent use of remedies, especially opiates, given perseveringly until some portion was retained by the stomach, and the system was calmed. The nerves of the mucous membrane of the stomach became irritated, and, after a time, formed a centre of disturbance, after the manner seen in other parts. By the administration of opiates by the mouth these nerve-ends were soothed and consequent benefit secured.

CREDE'S METHOD FOR DELIVERY OF THE PLACENTA.

The vigorous controversy over "Credé's method," which has recently involved so many obstetricians, has led Crede to restate in detail the manipulation he advises. As many American practitioners habitually adopt what they believe is his practice, I think it will be of interest to know exactly what that method is; I therefore have translated his own description, giving the italics as found in the original, in the *Archiv für Gynakologie*, xxiii., 2, 313:

* * * "The natural detachment of the placenta occurs within a few minutes after the birth of the child, and is recognized by a discharge of blood, and by a marked diminution of the size of the uterus, which may now be felt as a firm ball, the size of a child's head, between the umbilicus and pubes. As soon as any after pains have occurred, the midwife grasps the entire uterus through the abdominal walls with both hands and presses it towards the concavity of the sacrum; she repeats this *several times*, if necessary, *but only during a pain*, until the placenta is found at the vulva or is entirely expelled. If, from imperfect contraction of the uterus, or from tenderness of the abdominal walls, sufficient pressure to expel the placenta cannot be made, the attendant, guided by the umbilical cord, feels carefully in the vagina for the placenta; if a portion is felt, then, with one

hand, *gentle* traction is made on the umbilical cord, while with the other pressure is made over the uterus. If the point of insertion of the cord in the placenta cannot be reached, or if on *gentle* traction of the cord resistance is felt, no further effort to deliver the placenta in this way may be made until after *several uterine contractions* have occurred, which may be increased by *gentle* rubbing and pressure. If the placenta is found low in the vagina, and readily reached by the finger, then the attendant shall pass the index and middle fingers as far upon the placenta as possible and press it gently downwards and backwards, while with the left hand the cord is made tense. When the placenta appears at the vulva the attendant shall grasp it with the fingers of one hand and draw it gently upwards and slowly turn it upon itself several times in order that the membranes may form a cord and not be torn away. When delivered, the entire after-birth and any coagula are removed under the flexed leg of the woman and placed in an empty basin.

"*All strong traction on the umbilical cord, or attempts to extract the placenta when high up by introducing a part or the whole hand, or to aid the efforts at extraction by straining, coughing, blowing in the hands, etc., are very dangerous, and therefore are inadmissible and forbidden.*"—W. H. TAYLOR, M.D., *Lancet & Clinic*.

BEEF PEPTONIDS.—The enterprising firm of Reed & Carnrick have brought forward many preparations which have been of great use in the treatment of disease. They have recently introduced two new preparations which, in our opinion, quite surpass any of their previous efforts—one, the emulsion of cod-liver oil with milk and pepsin, we have already spoken of; the second is the new form of beef peptonoids—a combination of concentrated beef, milk, and the gluten of wheat. When taken with milk it is a very pleasant form of food, and it certainly does help the digestion of the milk. The writer has given this combination with the very best results to patients who previously could not take milk on account of the indigestion it produced. We can heartily recommend this preparation.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

To SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

TORONTO, MARCH, 1885.

UNIVERSITY CONFEDERATION.

Since our last notice of this subject, considerable progress has been made by the authorities of the several Universities in this Province. The result may be given as follows:—Queen's has refused to go into the confederation; Trinity will join the confederacy if the propositions she has made are acceded to; Victoria will in all probability become a member.

The University will then be the central and highest corporation, with the following colleges as members: University, Victoria, Trinity, Wycliffe, Knox, and St. Michael's Colleges, and McMaster Hall.

We have not yet seen any reference made to the relationship which the medical schools will bear to the governing body. It is singular that so much progress should have been made in the scheme, without any notice having been taken of a department which is considered to be one of the most important in the principal European Universities. It is time that the medical profession of the Province was asserting its rights, and endeavouring to secure in the future University system endowed chairs in the departments of Anatomy, Physiology, and Pathology, subjects which we all know cannot be properly taught under the present condition. We also hope that the Senate will see to it that some change is made in the curriculum. It is a lamentable fact that since the present curriculum came in force, the number of undergraduates in medicine has very much diminished, and the University has been robbed of professional men who would otherwise have been among its most influential supporters.

So far as we can judge of the scheme which has been laid before the public, it would be better for the medical schools to become members of the University system on the same terms as the other colleges mentioned. We would recommend the following plan:

1. That the two medical schools of Toronto become members of the confederation.

2. That a Physiological and Pathological Institute be built in the neighbourhood or in connection with the hospital.

3. That in this institute there shall be established endowed chairs of Physiology, and Pathology.

4. That a reasonable pass and honour curriculum be established which will require a large amount of practical work.

5. That the Matriculation Examination be brought in some way into harmony with the Council Examination.

We contend that if these changes were made the Toronto University would secure all the best graduates in medicine, and the profession throughout the Province would be immensely benefited.

TORONTO SANITARY ASSOCIATION.

We are very pleased to notice the growth of this Association, and the interest it is awakening in the public mind on the important questions of health. The management is placed in the hands of persons who are thoroughly alive to the importance of their positions, and we can almost say of the trust placed in their hands. The subjects brought before the meetings have been of direct local and provincial interest and have been dealt with by lecturers thoroughly versed in their subjects. The lectures on Toronto drinking-water, by Dr. W. Hodgson Ellis, the public analyst; sewers and sewerage, by Mr. Alan Macdougall, the sanitary engineer; and house plumbing, by Mr. Curry, architect, have each in turn all been practical and instructive. Of the last named too much cannot be said, the subject is of such vast and directly personal importance to every householder; we can only add our praise, and compliment the Association on having members who do devote so much time to the preparation of lectures full of research, interest and practical application.

Mr. Curry's diagrams were most beautifully and elaborately prepared, and showed every phase from "how not to do it" up to the perfectly plumbed house.

Not content with discussions amongst themselves the Association has appealed boldly for public sympathy in appointing two Committees, one to wait on the Mayor to urge on the City Council the importance of enforcing the provisions of the Health Act, and the other to wait upon the Government to urge them to pass an Act regulating the examination and licensing of plumbers and inspectors of plumbing.

There is a wide field of operation open to the Association, and we would like to suggest to the Council the scheme of trying to have a course of popular health lectures delivered, similar to those which have been carried on so successfully in the old country, notably in Edinburgh, Glasgow, Manchester, Liverpool, London, and elsewhere. We would gladly see such a course instituted next winter, if the present session be too far advanced to commence them, and we appeal to our professional brethren to come forward and aid this very meritorious movement. At present the membership is confined largely to architects, plumbers, and builders; if our physicians would come forward and join the Association, they could help forward the membership by inducing their patients to join, and a very great deal of useful information could be disseminated which would not fail to have an important bearing on the general health of the city. Every life saved is a life gained to the commonwealth, and every life so saved helps to reduce the death roll. The mere fact of good sewers, good plumbing, and so forth won't make a healthy community unless our citizens are alive to the importance of personal and domestic cleanliness, the necessity of proper physical exercise, and the treatment, and isolation, and nursing of the sick, and those ill with contagious diseases. *Mens sana in corpore sano*—a healthy mind can only exist in a healthy body.

We draw the attention of our readers to the meeting of the American Medical Association, which takes place in New Orleans, on April 28th and two following days. The Exhibition will remain open until the first of June, which, together with the reduced railway fares, will cause the attendance to be larger than usual.

TORONTO'S MEDICAL HEALTH OFFICER.

Toronto was very fortunate in obtaining as Medical Health Officer a man possessing such high attainments as Dr. William Caniff. He has been for many years one of the best known and most highly respected among Canadian physicians. Four years ago the members of the general profession showed their high appreciation of his worth by bestowing upon him the highest honour at their command in making him President of the Dominion Medical Association.

When he was first appointed Medical Health Officer of Toronto, with a salary of \$1,500 per annum, it was supposed that he would be able to retain a certain portion of his private practice, but as a matter of fact he has been compelled to devote all his time to the performance of his public duties, and indeed has found it necessary at times to employ a clerk to assist him in his work. During last year he received an addition of \$500 from the Local Board of Health, which will not be forthcoming this year.

It so happens, however, that by virtue of his position he has been appointed Statistical Officer by the Dominion Government, the fees therewith amounting to nearly \$400. We regret to learn that certain members of the Council wish to deduct these fees from his small salary of \$1,500.

As we have before contended in this Journal, we think the salary of our Medical Health Officer, when he is expected to give all his time to the city, should not be less than \$2,500 a year, and we had hoped that before this time it would have reached that amount. We trust now that the City Council will at least do nothing so petty as take away from Dr. Caniff the fees obtained for work not at all included among his duties as Medical Health Officer of this city.

It is scarcely necessary for us to say that Dr. Caniff has proved a most able and efficient Health Officer. He has probably saved the city at least \$1,000 a year in hospital fees, while his careful and laborious discrimination has probably brought scores of worthy patients under hospital treatment who would otherwise

have been neglected. Among other items the city has probably been saved \$300 a year for vaccinations. The good which he has been able to accomplish in other ways cannot be computed in dollars and cents. Much remains yet to be done, and we hope that Dr. Caniff may long be spared to carry on the good work which he has commenced. Would it be too much to ask our Council to accord him something like simple justice as a professional man and public officer, even though it declines to show anything like generosity.

THE ANATOMY ACT.

For some years past the amount of dissecting material at the disposal of the medical schools of Toronto has been found quite inadequate for proper teaching in anatomy and surgery. The present Anatomy Act has been many years on the statute-book. No doubt its provisions were quite sufficient for the need of the time when it was passed; but, with increased population and a greater number of medical students, a revision is now imperative.

A revised Act has been carefully framed and agreed to unanimously by those interested in medical schools, and will shortly be introduced into the Provincial Legislature. By its provisions only those bodies will be claimed when there are neither relations nor friends willing to bear the funeral expenses, and who would otherwise be buried at the expense of the municipality. When it is stated that in Toronto alone over a hundred corpses were buried during the past year at the expense of the city, it will be clearly seen that the supply of material will be ample.

We have no doubt that when the matter is laid before the members of the House they will see that it is in the interest of the public that their physicians should be properly trained, and to this end it is absolutely necessary that more dissecting material should be provided. We hope that there will be no serious opposition to the Bill.

We regret to announce the death of Mrs. Winstanley, the wife of Dr. O. S. Winstanley, who, for many years, was one of the most prominent physicians of this city.

THE JOHN H. STRATFORD HOSPITAL OF BRANTFORD.

Mr. Stratford, of Brantford, has done nobly in giving to the city a complete and well-equipped hospital, large enough to meet the requirements of the place for many years to come. Such practical generosity is deserving of the greatest praise. It is to be hoped that many wealthy and public-spirited citizens of Canada may be induced to imitate, and devote a portion of their abundance to the alleviation of human suffering and the advancement of medical education.

At a recent meeting of the Paris Académie des Sciences, M. A. Howarth, Professor at the University of Kazan, Russia, claimed for Dutrochet priority in the discovery of the migration of blood corpuscles through the walls of blood vessels in inflammation. The credit of priority in the discovery is generally given to the late Professor Cohnheim. He quoted from the writings of Dutrochet a statement that in 1824 the latter demonstrated the diapedesis of blood globules.

Obituaries.

DR. O. T. HEARTWELL.

The late Dr. O. T. Heartwell, of Dunnville, whose sudden death took place on the 10th ult., was but a young man, being in his 36th year. He was born near Caledonia, County of Haldimand, entered upon the study of medicine at Toronto School, and upon graduating practiced for a short time at Jarvis; but removed to Dunnville, where he in a little while secured a busy practice. The doctor was a pleasant, sociable companion, generous and impetuous in his nature, and ever willing to lend a hand to any laudable enterprise, whether of a civil, social, or religious nature. His end came with scarcely a moment's warning. In the night he awoke in distress, and died before medical aid could be summoned. Cause of death being valvular disease.

Dr. S. N. Reynolds, of Detroit, died in Texas February 14th. He graduated in Toronto University, having completed his course in the Toronto School of Medicine. In 1877 he went to England, where he spent some time, principally in London. After his return from England he commenced practice in Detroit, where he was very successful. His health was bad for some years, and it was hoped that a visit to the South would prove beneficial. His death occurred rather suddenly, and was a great shock to his friends and relations.

WILLIAM BRAITHWAITE, M.D.

Mail advices from England announce the death of the well known English physician and surgeon, William Braithwaite, the founder of *The Retrospect of Medicine*, who died at his home in Leeds on January 31.

He was the oldest medical practitioner in Leeds, and in his large and varied practice he was esteemed on all hands, both on account of his great knowledge and his sympathetic and kindly disposition. Dr. Braithwaite was born in 1807 and was therefore in his seventy-eighth year.

The *Retrospect* will be published as before under the editorial charge of Dr. James Braithwaite, assisted by able colleagues.

DEATH.

DRAPER.—At Tilsonburg, on Saturday, February 21st, Jennie, wife of Dr. J. S. Draper, of Tilsonburg, and sister of Dr. Adam Wright, of Toronto.

It is with pleasure we note that *Gaillard's Medical Journal*, of New York, will be continued by Messrs. M. E and E. W. Gaillard, assisted by able collaborators.

At the last meeting of the Toronto School of Medicine Medical Society, held Feb. 27th, Dr. J. H. Richardson delivered a most eloquent and instructive address on the subject of Homeopathy. There was a very large attendance of both physicians and students.

Book Notices.

The Hygiene of the Nervous System and Mind. By C. H. HUGHES, M.D., St. Louis.

Cocaine and its Use in Ophthalmic and General Surgery. By H. KNAPP, M.D. New York: G. P. Putnam & Sons, 1885.

A Manual of the Medicine Botany of North America. By LAWRENCE JOHNSON, A.M., M.D., New York: Wm. Wood & Co.

Diseases of the Urinary and Male Sexual Organs. By W. T. BELFIELD, M.D. New York: Wm. Wood & Co.

The Revival of Ovariectomy and its Influence on Modern Surgery. By Sir SPENCER WELLS, Bart. London: J. & C. Churchill.

This is an address which was delivered at Birmingham, in November, 1884, before the Midland Medical Society; and is exceedingly interesting, as we might expect from one whose name is so intimately connected with the most brilliant exploits of modern surgery.

The London Medical Student and Other Comicalities. Selected and compiled by HUGO ERICHSEN, M.D., Detroit.

The author, in the prefatory, says: "The London Medical Student' is taken from the *London Punch*, where it was published half a century ago. Despite my strenuous efforts, I could not detect who wrote the sparkling portraiture of medical student life in the great metropolis of the world; but I am convinced by my investigations that its authorship belongs to Hood, Dickens, Thackeray, or Douglas Jerrold."

The Therapeutics of the Respiratory Passages. By PROSSER JAMES, M.D. New York: William Wood & Co.

This is the November volume of Wood's Series for 1884. The author has such a widespread reputation on this continent that his name alone is a guarantee for the excellence of his book. In the age when so much energy is displayed in the field of pathology and etiology, it is satisfactory to know that the important

department of therapeutics is not being neglected.

This work is well arranged, and will serve as an excellent means of reference for the practitioner as well as a text-book for the student. We can confidently recommend the volume, which adds one to the number of really first-class works which have been issued in Wood's Library.

The Popular Science Monthly. New York: D. Appleton & Co. Fifty cents a number, \$5 a year.

The variety and readableness of its articles, for which "The Popular Science Monthly" easily holds a leading place among our periodicals, are well maintained in the March number. Dr. Frank H. Hamilton gives us from the point of view of a physician of large experience an estimate of the character and value of "Medical Expert Testimony," particularly in cases where the question of insanity is involved. The second of Dr. von Pettenkofer's valuable papers on "Cholera" appears in this number. Dr. B. W. Richardson, in "The Painless Extinction of Life," considers the relative value of some twenty anæsthetics for this purpose. Dr. H. Percy Dunn gives the "English Experience with Cancer," and shows that the disease is increasing as life grows more comfortable.

A System of Practical Medicine by American Authors. Edited by WILLIAM PEPPER, M.D., LL.D. Philadelphia: Lea Brothers & Co.

We have received the first volume of what will no doubt be one of the most exhaustive and complete works on medicine. It is indicative of the very great progress which has been made on this continent, that so able a work should be entirely written by physicians in the United States and Canada. The first volume is divided into two sections. The first section is taken up by general pathology and sanitary science. We would here notice especially the very able article on "Drainage and Sewerage in their Hygienic Relations," by George E. Waring. It contains in a small compass all that is known on that very important subject. The second section contains articles on general diseases, written by men who are at the head of the profession in their particular departments.

We have no hesitation in recommending the work to our readers as a most exhaustive treatise on medicine, and especially valuable on account of the accurate manner in which diseases peculiar to this continent are treated of. The first volume is excellently printed, and the whole make-up of the book is very creditable to the enterprising publishing house of Lea Brothers & Co.

Personal.

Dr. W. H. Montague has returned to Dunnville, and resumed practice there.

Dr. O. S. Strange, of Kingston, has been appointed Surgeon of the Penitentiary in the place of Dr. Lavell.

The Hon. Dr. Robilaille, ex-Lieut.-Governor of Quebec, has been nominated a Dominion Senator, in place of his brother who has resigned.

Dr. J. T. Carroll is practicing in Welland, having succeeded Dr. Montague in the firm of Schooley & Montague.

Dr. George Wright has been placed on the Consulting Staff, and Drs. Krause and McPhedran on the Active Staff of the Hospital for Sick Children, Toronto.

Prof. Osler, of Philadelphia, sailed on Feb. 11th, for England. He will deliver the Gulstonian Lectures before the Royal College of Physicians of London, in March.

Dr. E. U. Brush, of the Utica, N. Y., has been appointed Assistant Physician in charge of the male insane department of the Pennsylvania Hospital. Those present at the last meeting of the Canada Medical Association, in Montreal, will remember Dr. Brush, whose remarks in discussions during Session and at the banquet were highly appreciated. We quite concur in the general opinion that the appointment is an excellent one.

The following is the Board of Examiners for this year in Medicine for Toronto University:—Physiology and Pathology, Charles Sheard, M.D.; Medicine and Therapeutics, J. J. Cassidy, M.D.; Midwifery and Forensic Medicine, W. Britton, M.D.; Anatomy, M. H. Aikens, B.A., M.B.; Surgery and Surgical Anatomy,

I. H. Cameron, M.B.; Clinical Medicine and Surgery, C. O'Reilly, M.D.; Hygiene and Medical Psychology, C. W. Covernton, M.D. —Medicine and Arts: Chemistry, W. H. Ellis, M.A., M.B.; Biology, H. Montgomery, M.A., B.Sc.

The State Medical Association, of New York, accredited Dr. Lucien Howe, of Buffalo, as delegate to the next meeting of the Ontario Medical Association.

It gives us great pleasure to announce that the position of Warden of the Penitentiary has been given to Dr. Lavell, of Kingston. The place is one of great responsibility, and we are convinced that Dr. Lavell possesses those qualities which are requisite to perform the duties connected with the office successfully.

Miscellaneous.

A fee in the hand is worth two in the book, says the *New York Med. Record*.

Dr. Edwin S. Gaillard, Editor of *Gaillard's Medical Journal*, died February 2nd.

The Canadian Club which has been in existence for sometime in Edinburgh has become merged into the Transatlantic Club.

Dr. Hammond's second novel, "Doctor Gratton," has appeared. His "Lal" is being prepared for representation on the stage.

The professional examinations of the College of Physicians and Surgeons of Ontario will commence Tuesday, April 7th, at 9 o'clock. See advertisement, page 5.

The cholera appears to have entirely disappeared from France with the exception of Toulon, and the disease lingers in only a few places in Italy.

The University of Vermont will grant to British registered medical practitioners the degree of M.D., upon passing a satisfactory examination in the final subjects, and on payment of thirty dollars.

The latest remedy for pruritus, when seated in the anus or vulva, is balsam of Peru. The *British Medical Journal* alludes to it as a new triumph in medicine.

Mr. Ruskin is opposed to vivisection and uses the following thoughtless language, "all scientific pursuits are most definitely, provokingly and insultingly separated from the science of religion."

We have recently purchased one of Kidder's 32-celled batteries for the use of the strong galvanic current. The construction is simple, and there was no difficulty in getting it to work. We may at some future time give some results of treatment with the constant current.

The New York Young Men's Christian Association, decided at a recent debate that "physicians should be Christians." The *Springfield Union* agrees to the decision, but thinks it a mistake to draw the line at physicians: their patients should be included.—*Ex.*

An exchange says, men who "change their minds" can justify their apparent inconsistencies now by authority of a German histologist, who reckons that the human brain contains 300,000,000 nerve cells, 5,000,000 of which die and are succeeded by new ones every day.

Recently a man had a leg amputated in a Washington hospital, and, upon visiting the capital some months afterward, discovered the member preserved in alcohol. He was shocked, and demanded it, that he might bury it. The demand was refused, but upon bringing suit in replevin the case was decided in his favour, and he was given possession of his own leg.

"Who is your family physician, George?" "Doctor Smoothman." "What! Why do you employ that hair-brained creature?" "Oh, my wife once asked him if he could tell why she always had cold feet, and he told her they were so small they couldn't hold blood enough to keep them warm. Since that she won't have any other doctor."

A BREACH OF PROFESSIONAL ETIQUETTE.—

The following story is told of the celebrated Oppolzer. Shortly after his arrival in Vienna he was consulted by an invalid, whom he advised, after a somewhat hasty examination, to go to Pistyan, in Hungary, and take the waters. After several months the man, whom the Professor had forgotten, again presented himself, with an aggravation of all his symptoms, and said he had just returned from a course of Pistyan waters. The Professor examined him, this time rather more carefully, and then, with some wrath, asked him what confounded ass had advised him to go there, as it was the worst thing he could possibly have done. Moral: Always speak well of your neighbor.—*Chronicle*.

Dr. Price, the Welsh Druid, has again made himself conspicuous by his cremationist eccentricities. One night he cremated a bull thirteen years old, called Morgan Apis, to which the Druid was peculiarly attached. The proceedings lasted nine hours, and the field where the cremation was carried out was crowded with spectators. Dr. Price some years ago used to attend the annual meetings of the British Medical Association attired in a peculiar dress, supposed to represent the robes worn by the Druids at an early period of English history.—*Am. Med. Asso.*

Dr. J. Marion Sims, in "The Story of My Life," when speaking of Trousseau, brings him thus interestingly before the reader:

Trousseau was one of the greatest physicians of the age—a man endowed with physical beauty as well as fine intellect, the philosophic physician, the classical litterateur, the elegant teacher, the successful practitioner. He was without a rival. I had never known such a grand man who was purely a physician, and yet he was a very miserable man, and why? Had he not reached the highest distinction in his profession? Was he not exhibited as the highest authority in medicine all over the world? His lectures were translated into all languages, and then he was the leading practitioner, the great consultant, the fashionable doctor in Paris, and had accumulated a large fortune. Every body spoke well of him, everybody admired him

as a man; his private character was above all reproach; he had no children whom he could not recognize as his own. As the world saw the man, they had the right to think and to see that he ought to be one of the happiest of men. True, he was not Court physician, but every other ambition of his life had been fully gratified, and yet he was unhappy, and why? His wife was an elegant and accomplished woman, of great beauty and fine intellect, but they were separated. He had a daughter, one of the most beautiful women in Paris, who married a man too much her senior. They were incompatible, and separated. He had an only son who was a scapegrace. He was a gambler and everything else that was bad. His father was worried to death with his dissoluteness and foolish extravagance, and had to pay enormous sums of money to extricate him from his disgraceful orgies and gambling complications. He was married to a fine woman, who ought to have made any man happy, but he neglected and made her miserable. . . . Trousseau had not seen his son for a long time before he died. About a fortnight or three weeks before this event his son went to one of the gambling hells of Paris and lost all his money, and more than he could pay besides. His poor father died soon after this, and his unworthy son saw a notice of his death in a London paper the next day, and I saw the tall, handsome, wretched man bending heartbroken over his good father's coffin in the Madeleine, whence he followed it to its final resting-place in the Père la Chaise. We are happy or unhappy in this life as our children choose to make us.

I have received some details connected with Dr. Koch's bacteriological course which, I think, will be of some interest. Dr. Koch has been giving lectures in the laboratory, which he has fitted up for the purpose, since the beginning of October, and will continue doing so till the end of January. His whole time, from 8 a.m. till 4.30 p.m., is daily devoted to giving instructions in bacteriology, for which he has received a large sum of money from the German Government. Medical men, civil and military, have been summoned in small batches of ten or twelve to take part in these courses. I have

been enabled to learn the following details from one who was fortunate enough, as a stranger, to obtain permission to attend the course. He tells me that he has learnt more during his ten days' course, under Dr. Koch, than he has learnt in any course of lectures in his life. The primary object of these courses is, that a certain number of medical men in Germany should learn how to make pure cultivations of comma-bacilli, so as to be able, in the event of danger from cholera, to detect its presence at once, and to take measures for confining the plague to within as narrow limits as possible. Certain precautions are adopted; namely, everybody is recommended not to put his hands to his mouth, and is obliged continually to wash his hands with sublimate; he is also recommended not to eat or drink for an hour and a half after leaving the laboratory. Above all, the members of the course are warned to lead a regular life, to minimize, as far as possible, the risk incurred from connection with the comma-bacillus.

On coming to the laboratory, the first thing is, to learn how to make the medium for making the pure cultivations. For this purpose a considerable time is spent in the preparatory room, where each receives his ingredients. Half a pound of fresh beef, without any fat, is finely chopped up and strained through an ordinary towel; this meat-juice is kept sufficiently heated, and water is added to it to make the whole solution 500 grammes in weight. Then 50 grammes of gelatine, 5 grammes of peptone, and $2\frac{1}{2}$ grammes of common salt are added. The whole is neutralized and boiled, and then strained through two pieces of filtering paper, and poured, in small quantities, into a number of test-tubes, which have been plugged with cotton-wool, and then sterilized at a high temperature. The next process is to sterilize the material in these test-tubes. About fifty test-tubes are filled with the gelatine solution, and are then sterilized by subjecting them to the action of steam for fifteen or twenty minutes, for three days in succession. When all is in readiness for inoculation, the so-called cholera-room is entered. Three test-tubes are taken at a time, and, from Koch's cholera-tubes, comma-bacilli are fished by dipping a platinum wire,

previously sterilized, into them. The point of the platinum wire, thus impregnated with comma-bacilli, is then dipped into the surface of the galatine medium contained in one of the three test-tubes; the original cholera-tube is then put aside, and into No. 1 tube, now impregnated, a platinum point is dipped three times successively to impregnate test-tube No. 2; then the same process is continued six times in tube No. 2, in order to impregnate No. 3. The tubes are then heated to make the medium just flow a little, then the contents of Nos. 1, 2, and 3 tubes are poured upon glass plates six inches by four in size, and these plates, kept separate by means of glass bridges, are covered with a bell-jar, where they remain for twenty-four hours. At the end of twenty-four hours, when examined under a low power, cholera-colonies will be seen on the first plate, and they will be less marked on the other two. After another space of twenty-four hours, the plates are examined again, and fresh test-tubes are impregnated from the colonies, the contents of these tubes being also poured out upon glass plates.

Luncheon is at one o'clock, and occupies half an hour, during which Koch relates his experiences in Egypt, India, and France, every word he says being listened to with the greatest attention. Another quarter of an hour is allowed for smoking, and then time is called, and all return to work, which lasts till 4.30 p.m. This forms the daily routine, time not actually taken up in the cholera-room with the cholera-bacillus being devoted to the cultivation and study of other bacilli. Other bacilli are cultivated in the same way. Demonstrations are made with the so-called Finkler and Prior bacillus, and the peculiarities of all are carefully pointed out. Each member of the course has an assistant by his side, and Koch goes the whole day from one member to another, asking and answering questions.—*From the Berlin Correspondent, Brit. Med. Jl.*

Little Boy.—“Please, I want the doctor to come and see mother.” Servant.—“Doctor's out. Where do you come from?” Little Boy.—“What! Don't you know me? Why, we deal with you. We had a baby from here last week!”

THE Canadian Practitioner⁹⁷

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."



EDITORS AND PROPRIETORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

SUBSCRIPTION, \$3 PER ANNUM.

 Literary Communications may be addressed to any of the Editors.  All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 40 Queen Street East.

TORONTO, APRIL, 1885.

Original Communications.

ABDOMINAL SECTION FOR FIBROMYOMA OF THE BROAD LIGAMENT.

BY UZZIEL OGDEN, M.D.,

Lecturer on Midwifery and Gynecology at the Toronto School of Medicine, and Gynecologist at the Toronto General Hospital.

Mrs. —, who consulted me on the 29th of October last, by request of Dr. Pattullo, of Brampton, was 24 years of age, married, and the mother of three children. She had miscarried eighteen months before, at the sixth month of gestation. Had been ill nine months when she came to me. Menstruation had been regular but excessive up to within one month, when it ceased; always had severe pain the first day or two. Had been suffering from nausea for one month. Complained of constant pain in the right side and back and all over the bowels. The bowels "felt in motion all the time as if she had taken physic." Headache and pain in the sides kept her from sleeping. Nine months ago, she noticed in the abdomen a lump, which continued to grow till it attained the size of an adult head. It was quite movable and very elastic or fluctuating. The edge of the hand could be placed between the tumour and the uterus, which appeared considerably enlarged. From the right side of the uterus a broad thick band, which could be made tense by pushing up the tumour, extended up to it; the edge of this band presented to the median line.

On vaginal examination the os was found large, with thick lips, and pointing far backwards. The fundus was also enlarged and pointing to the left of the pubes, apparently unconnected with the tumor, except by the band just mentioned.

The sound was not used owing to the probability of pregnancy. My diagnosis was probably an ovarian tumour with pregnancy, and as she was not much inconvenienced by its size, I advised her to go home and report again in two or three months. She went home, but owing to peculiar domestic circumstances, she determined in a few days to have the tumour removed at once, if possible, and accordingly returned to the city in about a week and entered the Toronto General Hospital under my care.

A consultation of the hospital staff was held, when the diagnosis was concurred in, and an operation advised. On the 5th of November, in the presence of several members of the hospital staff and students, and assisted by Dr. W. T. Aikins and others, I did the operation under full antiseptic precautions. On exposing the tumour, it was found to be quite solid, free from adhesions, and attached to the right side of the uterus by a very broad and thick pedicle about one inch long. There was barely room to place the cautery clamp between the tumour and uterus. The tumour was separated and the cautery applied to the pedicle, but owing to the proximity of the thick angle of the uterus, the pedicle split when the clamp was removed, and I then applied a strong silk ligature, tying it in three or four sections, using

the cobbler's stitch, as recommended by Dr. Emmett. There was no bleeding from any part, and the pedicle was dropped into the pelvis and the wound closed and dressed antiseptically. The uterus was scarcely handled for fear of ensuring a miscarriage.

The patient went on very well until the twelfth day, when she miscarried of twins, losing a good deal of blood during the process, but the hæmorrhage ceased as soon as the children were born. One placenta came away immediately, but I could not get the other without using more force than I thought justifiable, and it was left for twenty-four hours, when it was obtained without much trouble. As a result of the labour she had considerable tenderness in the womb next day, when the temperature rose to $102\frac{1}{3}^{\circ}$, but the day after it was normal again. In two days more it rose to 102° , and then came to normal on the seventeenth day. On the night of the eighteenth day she had an attack of diarrhœa, and when I saw her next morning she was almost in a state of collapse, but by free stimulation, warmth and elevation of the feet, reaction took place. From this time until she left the hospital, the temperature rose every night to about 101° , and was followed by copious sweating towards morning.

The appetite continued poor all the time she was in the hospital. On the thirty-fifth day she was carried to a cab and driven to the house of a sister about a mile and a-half distant, and when I called to see her two days afterwards she opened the door for me. The temperature had been normal from the time she left the hospital, the sweating had entirely ceased, and she had been able to eat as well as any labouring man all the time. She was walking about the house comfortably, and in two days more went to her home, a distance of 24 miles. While in the hospital she took, after the twelfth day, free doses of quinine every night; brandy, egg and milk during the night, with solid food during the day; and morphia with potass-bromide occasionally when very wakeful or suffering pain.

The tumour weighed four pounds and was very elastic, greyish white and not easily torn. It was a true fibromyoma enclosed within the

broad ligament. The right ovary was healthy and found lying on the posterior surface of the tumour; the left ovary was also healthy.

Three or four weeks after reaching home she wrote to say she was getting quite well.

A CASE OF PELVIC ABSCESS WITH SUDDEN FATAL TERMINATION.

BY A. H. WRIGHT, M.B., M.R.C.S. ENG.

(Read at a meeting of the Toronto Medical Society.)

Miss A. B., aged 20; admitted into Toronto General Hospital Oct. 10th, 1884; a daughter of a well-to-do farmer; never subjected to any hardships; nothing special in family or previous history. Stated that 15 months before admission she had an attack of chills and fever, accompanied by severe pains in lower bowels. The symptoms appeared during the menstrual period, but cause was unknown. Between this time (midsummer of 1883) and Jan. 1st, 1884, she had two or three such attacks. While in Toronto for a time, at New Year's, she had an attack, and a swelling was discovered in lower part of abdomen. She had chills and fever and great pain at the same time. Was seen by a surgeon of Toronto, who (as she said) told her she had a tumour which could not then be removed on account of severe constitutional symptoms. After this she had occasional recurrences with similar symptoms. Had not menstruated for six months.

On examination an enlargement was found in lower abdomen, its highest point being slightly above centre of line running between anterior superior spine of left side and umbilicus. From this the upper border extended to a point about one inch above pubes, and then rose to a level slightly above this in right iliac region. While watching the surface it was noticed that irregular contractions of abdominal walls took place, and during these contractions a sharp angular nodule became prominent at highest point of the enlargement before referred to. The percussion note over this nodule was tympanitic. These contractions occurred without apparent cause, and were accompanied by pain. Scratching anterior surface of abdomen

or flank did not produce them. The note over other portions of enlargement was dull.

Per vaginam, the roof was found to be perfectly hard, with a distinct indurated ring surrounding the cervix and bulging into vagina rather more on right side than left. Sound could not be passed. No special efforts made to pass it on account of pain which had been caused by the examination. Per rectum, a round indurated mass was found to be passing backwards.

We supposed the enlargement was caused by some sort of pelvic inflammation, but there was a suspicion in the minds of two members of the staff that it might be malignant. The treatment consisted in rest, hot vaginal douches, and opiates when required. I decided to call a regular consultation of the staff, and if thought advisable to make an exploratory incision with the hope of being able to open a large abscess, if such existed, after Lawson Tait's plan. She suffered some pain at times, but not in a marked degree.

On the evening of Oct. 19th, ten days after admission, she appeared pretty much as usual, until about 8.30 o'clock, when she was suddenly, without any apparent reason, seized with very severe pain, and sank rapidly. Local applications, and hypodermic injections of morphia, with the administration of milk and whiskey, had but little effect. She had all the symptoms of collapse, and died about 2 a.m., or a little more than four hours after the alarming symptoms commenced.

A partial *post-mortem* examination was made about sixteen hours after death by Dr. Martin, only the abdominal cavity being opened. As I had to perform an abdominal section the following day, I was unable to be present, but through the kindness of Dr. Martin, I am enabled to give you the following report:—

Post-mortem Examination.—Large, irregular tumour occupying the inguinal, and greater part of the hypogastric regions, about the size of a child's head. Firm and fibrous, adherent to the surrounding viscera, bladder, intestines, etc. The left Fallopian tube and ovary could not be made out. The uterus was somewhat displaced to the right, and firmly adherent to the right lower aspect of the tumour. The right Fallopian

tube and ovary were also somewhat involved in the adhesions. The descending colon traversed the anterior and left portion of the mass, about an inch of its substance intervening between the intestinal canal and the abdominal wall. In the upper part of the tumour, about half way between the colon and the umbilicus, an irregular oval opening was found, leading down to the central cavity large enough to contain ten or twelve ounces of fluid, and traversed by numerous trabeculae. The tissue to the depth of about an inch and a-half surrounding the central cavity was full of sinuses, and was partially disorganized and darker in colour than the main body of the tumour. The viscera and peritoneum in the vicinity of the growth gave evidence of recent inflammation. The abdominal cavity contained a large amount of sero-purulent fluid. The odour was exceedingly offensive.

I look on this case as one of the saddest in my professional experience. This young girl had come about a hundred miles to the Toronto General Hospital, with strong hopes that a surgical operation would remove her "tumour," and bring relief to all her ailments. Neither she nor her friends had the slightest idea that there was any immediate danger of a fatal termination. She was patient, cheerful, obedient, and apparently had the most implicit confidence in her medical attendants. I saw her one afternoon comparatively well, bright, and hopeful. In a few hours she was dead, and the first intimation her friends had of the issue was a telegram stating that her dead body was on its way to her sad home.

I will now refer to a few points in connection with the case. In the first place, there was some difficulty in making a diagnosis; but I think the history, showing repeated attacks, accompanied by pelvic swelling and pains, and the physical condition found, pointed pretty clearly to a generally-diffused inflammation, or repeated attacks of such inflammation of the pelvic tissues, as the cause of the enlargement. We are in the habit of considering such pelvic inflammations as consisting chiefly in three varieties, which are commonly called pelvic cellulitis, pelvic peritonitis, and salpingitis. Pelvic inflammation may undoubtedly com

mence in either the ordinary areolar tissue, in the peritoneum, or in the Fallopian tube. In the *post-mortem* examinations which I have seen of such cases there has been as a rule little to tell where the inflammation had commenced. There is usually ample evidence of inflammation existing in all these structures, as in the case we are now considering, but it is frequently impossible to differentiate the various structures as all are so thoroughly matted together that we are unable to separate them. In some cases we find a pyo-salpinx, and perhaps an abscess of an ovary—in other cases we cannot recognize the ovaries or tubes at all. We have had, in the past, very vague ideas about that form of pelvic inflammation which is so apt to recur, and we have been in the habit of calling it chronic pelvic cellulitis, or chronic pelvic abscess, but we have recently begun to discover, through the labours of Tait, Noeggerath, Wylie, and others, that salpingitis is a very, if not the most, important element in these chronic pelvic inflammations. The inflammation of the tube is generally caused by an inflammation of the endometrium, extending into the tubes. The most common causes of this are gonorrhœa, as first (I think) pointed out by Noeggerath, and, in virgins, catarrhal endometritis, as pointed out by Wylie.

In the case we are considering, I think the history of the pains, chills, and fever commencing at a menstrual period, and the comparatively regular recurrences of such attacks point strongly to salpingitis as being the main factor at the commencement. It is easy to see how the inflammation may spread to the ovaries, peritoneum, and adjacent areolar tissue; and, without discussing this point any further, I will say that I believe such were the cause and sequences in my patient.

The question of treatment is without doubt very important, and, whether considered in the light of our knowledge obtained before or after death, very difficult to decide. If we decided to aspirate, or open it in any way, I could find no suitable point to attack either in vagina or rectum. It would have required a bold, or rather rash hand to plunge a trocar or aspirator needle blindly through the abdominal wall, especially as we had reason to know that the

bowel was so closely connected with the mass. I think that under the circumstances the course contemplated of making an exploratory incision would have been at once the safest and wisest procedure. We could thus have ascertained the actual condition of things, and quite probably have detected the thin portion of the wall surrounding the pus cavity, and found the relations of the colon. The abscess might then have been opened, and the edges of its sac stitched to the margins of the incisions in the abdominal wall (after Tait's plan), the cavity thoroughly cleansed, and a drainage tube left in. The evidence obtained at the *post-mortem* examination, I think, goes to show that such an operation was the one most likely to have accomplished great good.

As to the manner of termination, it is well known that the most common places for large pelvic abscesses to spontaneously discharge are the iliac region, the vagina, and rectum, while among the less common is the peritoneal cavity. In the cases of this description which I have seen reported, where the abscess has opened into the peritoneal cavity, a general peritonitis has generally been set up which soon caused the death of the patient; but I do not at present remember any report where under such circumstances death has been caused by shock so soon after the unfortunate accident as in the case I have brought before your notice to-night.

HYDATID CYST OF THE LIVER.

BY ANGUS M'KINNON, M.D., GUELPH.

J. M., a native of Iceland, was admitted to the Guelph General Hospital, March 25th, 1884. Age, about 40 years.

For two years previous he complained of pain in the right side. In all other respects his health appeared to be very good. As he was unable to speak any language that I could understand, I could not obtain any history of the state of his health, or occupation, only that for the past two years he has been a farm-labourer in Ontario.

On examination, his pulse was about 70°, temperature normal, and body well nourished. Respiration slightly accelerated, but he had no

cough. The right side of the chest, near the base, was greatly expanded, very noticeably larger than the left; and there was complete dulness from the line of the nipple downwards, extending two inches below the level of the umbilicus. Along the lower limit of this area of dulness it was easy to distinguish the inferior border of the liver. There was neither ascites nor oedema of the lower extremities. Close to the cartilages of the ninth and tenth ribs a sense of fluctuation could be made out, and at this point a large-sized aspirator needle was inserted its full length. The fluid which was removed was whitish and turbid, and the quantity was one hundred and sixty ounces. As the fluid flowed away, the liver seemed gradually to rise nearer its normal situation. Three hours afterward he had a violent rigor, the pulse 108, temp. 104°, but next morning both were about normal. For some weeks there appeared to be a gradual increase in the area of dulness, as if the cyst were being refilled. In two months it began to diminish slowly, and by the end of the third month there was no more than the normal liver dulness; the patient was in all respects quite well.

MALIGNANT TUMOUR OF LOWER END OF FEMUR. AMPUTATION. RECURRENCE.

BY J. F. W. ROSS, M.D., L.R.C.P. LOND.

(Reported at Toronto Medical Society.)

R. C., female, aged 12 years. Family and previous history fairly good.

History of present illness.—About the second week in April, 1884, she complained of pains in the limbs which became confined to the front and back of the knee-joint on the right side. About the end of April the pain was situated only in the outer side of right knee, just over the external condyle. It was worse at night; gradually grew more intense until, finally, a slight thickening over the bone could be felt.

About the 7th of May the skin became reddened, swelling became perceptible to the eye, and the part was tender on pressure. Aspirating needle was twice passed down to the bone

with negative results. Poultices and blisters applied.

She was admitted to the Children's Hospital on the 14th of May.

May 15.—Made an incision down the bone, over external condyle, under chloroform. A quantity of blood escaped, with globules of fat floating through it. Wound soon healed without a bad symptom.

June 20.—Under chloroform, made an exploratory incision. A gush of dark blood followed, showing that a blood-containing cavity had been opened. On passing finger, found a cavity in the bone, extending below to the articular cartilage, inwards through almost two-thirds the thickness of the bone, and upwards for about $3\frac{1}{2}$ inches. Fully half of the external condyle was destroyed. The wall of the cavity broke away before the examining finger until firm bone was reached. Some egg-shell crackling was to be noticed. As there was some difference of opinion as to the exact condition present, amputation was done at the junction of the middle and upper third, instead of an amputation at the hip. The modified circular was the operation decided on. The bone looked perfectly healthy to the eye, and seemed to be divided well above the disease. No drainage tube was used. Serous effusion took place, separated the flaps, and the stump healed well by granulation.

About the first of October a small, pigmented spot was noticed to the upper and inner side of the line of cicatrix. It was painful on pressure, and soon developed into the typical fungating sarcoma of J. Hutchinson. As I was out of town from Oct. 1st to 16th, my confreres' wish to amputate at the hip was not acceded to by the parents, and the disease progressed so rapidly before my return that we decided to leave her alone. After several weeks the bone became eroded, and a deposit of bony material commenced in the soft parts around it. The fungating appearance gave way to a hard, bony mass, with large ulcerating cavities from which large quantities of pus were discharged, and into which one or two fingers could be readily passed for an inch or two. Bedsores formed, and the sacrum, trochanter, and anterior superior spinous process of ileum were laid bare, not-

withstanding the long-continued use of a water bed; the skin became bronzed, the abdominal walls thickened, and superficial abdominal veins enlarged, and the patient gradually sank, on the 26th of February, with a sub-normal temperature of 95°.

No *post-mortem* was obtained, further than an amputation at the hip-joint. On section, the tumour was found to be very hard, requiring the vigorous application of the saw to divide it. The rest of the bone was readily cut through with a scalpel and found to consist of a very much dilated medullary canal, filled with a chocolate-coloured substance of the consistence of lard, and a very thin shell of bone surrounding it. At the articular surface the medulla seemed bounded by articular cartilage alone.

An examination of the lower end of the femur, after the original amputation, shewed a large cavity with friable walls of carious looking bone, and it extended down to the articular cartilage, inwards through three-quarters of the thickness of the bone, and upwards about four inches.

As regards diagnosis, I consider the case to have commenced as a myeloid or central sarcoma, to have returned and become a fungating sarcoma when the soft parts were implicated, and then, later on, the term ossifying sarcoma would best express the condition found.

The most important points in diagnosis were the age, 12 years; the *pain* occurring early, of a lancinating character; the *increase* of size, rapid, though the limb was kept at rest; the *enlarged veins*.

The increase of temperature, peculiar shape of limb, the tenderness on pressure, the semi-fluctuating feeling, and history of injury are common to osteitis as well as central tumour of bone.

The diagnosis of these cases in their early stages is very often misleading. It is interesting to go over the symptoms of subperiosteal and central tumours of bone and of chronic peri, and endostitis.

The diagnosis of subperiosteal tumour is sometimes exceedingly difficult, especially from osteitis. An exploratory incision is often necessary. Butlin says: "The continuous increase in circumference which, in spite of rest, is

proved by careful measurements, at frequent intervals, is so significant of a malignant tumour that it may serve to turn the balance of opinion."

The diagnosis of central tumours is even more difficult than that of the subperiosteal variety. The growth is not as rapid. The enlargement is more globular, and affects the whole articular end, not the one side only. It may subsequently affect one side more than the other. They occur later in life than the diseases that usually produce a like condition of the end of the bone. The egg-crackling is characteristic of them.

Malignancy of bone tumours may be judged by the age at which they occur, namely, before adult life; by the rate at which they increase, with rapidity; by the amount of pain accompanying them; the lancinating character of the pain; the peculiar semi-fluctuating, gelatinous, elastic feeling; great tension of integument, dilated veins ramifying over their surface. Of course, later, cachexy sets in and the lymphatics are enlarged, but these signs are generally wanting when a correct diagnosis is of such vital importance. Enchondroma closely resembles these conditions, but is of much firmer consistence.

Subperiosteal and central tumours leave the joints intact. Sarcomata affect most frequently the long bones, and of them the lower end of femur and upper ends of tibia and fibula, the upper end of humerus, and lower ends of radius and ulna. Sarcomata of the tarsal bones are the most malignant. They may, as in the above case, fungate, although rather rarely.

Osteitis tends early to affect the joints. There is generally a history of injury; the integuments are sound; no venous obstruction. There is, however, œdema of integument; semi-fluctuating feeling; a feeling of yielding to the finger; local tenderness, or pain on firm pressure in endostitis, and the articular end is generally affected. It may occur in young patients. The temperature would be no guide.

Myeloid tumours of bone do not, as a rule, tend to recur in internal organs. They usually attack the epiphyses of long bones, and do not attack cartilage.

The younger the patient, and more globular

the tumour, the more are the chances in favour of central sarcoma. The older the patient, and more irregular the shape of the tumour, the greater the likelihood of its being osteochondroma.

Subperiosteal tumours are supposed to have a more acute angle at their junction with the shaft of the bone than endosteal.

ARSENIC.

BY JAMES STEWART, M.D.,

Professor of Materia Medica and Therapeutics, McGill University,
Montreal; Physician to the Montreal Dispensary, and
Director of the University Dispensary for
Diseases of the Nervous System.

[The following remarks referring to the use of arsenic in certain skin diseases, were omitted from Dr. Stewart's valued communication which appeared in our last issue.]—Ed.

A much more common accidental effect than the staining is a general erythema ("Erythema Multiforme," or Lewin's "Dermatitis Exsudativa Erythematosa.")

This arsenical rash is well exemplified in the patient before you now, and as his case is an example of where we naturally look to the arsenic doing much good, I will give you a short account of it. He is, as you see, a powerfully-built man. He is 51 years of age. He first consulted me five days ago, at the Montreal Dispensary, complaining of great weakness of three months' standing. His mucous membranes and face are decidedly anæmic, but owing to the diffused redness of the other parts of the body his previous general paleness is not discernible. There is a marked diminution in the number of his red cells. They do not exceed 3,000,000 in each c.m.m. They have not suffered much in form or in individual value, the amount of hæmoglobin being not below 80 per cent. I cannot find any gross lesion to account for this anæmia, and am therefore obliged to look upon his case as one either simple anæmia or commencing pernicious anæmia. It is probably the former. When he came under observation five days ago, he was ordered 5 minims of Fowler's solution after each meal. After the sixth dose he felt feverish, and he noticed that his hands and

arms were red, swollen, and very hot. The redness of the skin spread rapidly until now it involves the entire surface, except the face. On examining it closely you will find the skin covered with countless papules about the size of millet seeds. You will notice also the great œdematous infiltration there is of the forearms, the integument of which has a darker tint than that of the other parts. This is due to the venous return being hindered by the copious transudation into the subcutaneous cellular tissue.

It is very unusual to find that such a small quantity of arsenic as half a drachm, in divided doses, give rise to such an extensive and intense efflorescence as we have here. It requires no special treatment.

Selections.

DIABETES MELLITUS.

DIET VERSUS DRUGS IN ITS TREATMENT.

BY G. C. SMYTHE, A.M., M.D.

The first thing which should be done is to free the patient's urine from sugar. This can be done in favourable cases in a few days by placing the patient upon a strictly nitrogenous diet, aided, if necessary, by evacnants such as the alkaline mineral waters. Nothing is more grateful to the stomach of the diabetic than a copious draught of Carlsbad water, and no restriction should be placed upon him in regard to the amount of fluid taken; his thirst will subside as soon as the sugar is eliminated. Water can do him no harm, but a withdrawal may result disastrously. With the disappearance of sugar from the urine all the disagreeable symptoms subside—thirst frequent and copious urination, etc. With a good supply of nitrogenous food, such as the patient can oxidize and assimilate, the craving appetite is also disposed of. If this condition of affairs can be brought about, our prognosis is correspondingly favourable, and while I am somewhat doubtful about being able to produce permanent cures, I do believe that the life of a diabetic, under favourable conditions, can be prolonged indefinitely by proper management.

Having freed the patient's urine from sugar, we are then prepared to study the individual case. It is a matter of surprise to note the difference in the ability of different patients suffering from this disease to assimilate foods of different kinds. Some can use starchy food in small quantities without sugar appearing in the urine; others cannot use the smallest quantity of starch, but can assimilate small quantities of cane-sugar; some can use all kinds of fruits and berries without detriment, while others cannot. Again, many patients can use milk and sugar, and consequently can use milk in all their foods where it can be used for cooking, etc., while a small quantity in others will cause sugar to appear promptly in a few hours after its ingestion; others can partake rather freely of certain vegetables like cabbage, tomatoes, and onions, while others cannot, and so on. These are some of the reasons why I insist that each case of diabetes must be studied and treated by itself. Every article of food which can be added to the list of a patient suffering from this disease is a great gain for him, and contributes very much to his happiness.

The time which elapses after partaking of food in these experiments, and that at which the urine for examination is passed is of the greatest importance. Sugar makes its appearance in the urine in a few minutes after the ingestion of starchy or saccharine food, and if a single indulgence is permitted, all traces of it will have disappeared in six or eight hours, so that a patient may eat these forbidden articles at the morning or noon meal, and no sugar appear in the night's urine. In order, then, to decide whether any given article of food is permissible, the first urine passed after the indulgence should be tested for sugar. In this way every article of food about which there is any doubt should be carefully verified in each and every case of this disease.

It is absolutely necessary that the diet of the patient at first should be restricted to the so-called meat diet, including meats of all kinds, fresh or salted—beef, mutton, pork, bacon, tripe, tongue, sausage, game of all kinds, poultry; fish of all kinds, fresh and salted; oysters, lobsters crabs; eggs cooked in any way; butter, cheese, and all oils and fats.

Almost every case of diabetes, especially if seen sufficiently early, can assimilate the articles mentioned above, or a sufficient number of them, to furnish him nourishment. He can drink without detriment tea, coffee or butter-milk.

There are other articles quite numerous which are debatable; some patients can use them without prejudice freely, while others cannot. These articles should be carefully tested after the sugar has been eliminated from the urine as before suggested. This list comprises cream, curds, sweet milk, and many vegetables, such as lettuce, endive, spinach, cabbage, cauliflower, coleslaw, broccoli, string-beans, watercress, celery, asparagus, turnip-tops, young onions, cucumbers, pickles, olives, tomatoes, etc. While a majority of diabetics can eat these articles, or most of them in moderation, occasionally a patient will be found who cannot, and the only way to decide the question is to carefully test the urine for sugar after their ingestion. Most patients can use as food certain nuts, as almonds, walnuts, butternuts, filberts, pecans, Brazil nuts, but neither peanuts nor chestnuts.

There is a great difference in the power of patients to appropriate fruits; some can eat apples, peaches, and pears with impunity, others cannot use any of these; blackberries, raspberries, and strawberries without sugar, can be used freely by most patients suffering from this disease. I have one patient who can eat all the above-mentioned fruits and berries, but cannot use oranges or bananas. He can use apples grown in this latitude, but cannot use those grown in Michigan or New York. There seems to be a difference in the kind or amount of sugar contained in these Northern products which the patient is unable to oxidize.

It would seem that the bill of fare heretofore given from which to make selections of food would be amply sufficient to satisfy an ordinary mortal. But such is not the case. The one article not enumerated in this list, and for which they all clamour sooner or later, is bread, and I am sorry to say that no substitute which is at all satisfactory has been discovered.

In my younger days I experimented, very

much to the detriment of my patients, with the so-called gluten flours of different manufacturers. No preparation of this article that I have examined contained less than fifty per cent. of starch, and many samples contained more starch than the whole wheat flour ordinarily contains. I want to caution the younger members of the profession to avoid the errors I have made. While some of these preparations are doubtless wholesome and nutritious foods, they are utterly unfit for diabetics, and while I have not tried the almond bread recommended by Pavy, I am not satisfied that it will not prove to be hard to digest, unsatisfying, and unsatisfactory as a substitute for bread with this class of unfortunate patients. Even the bran flour made by the Compton process is not free from starch, small traces of sugar appearing in the urine of some of my patients after its use; it is a poor substitute for bread, one of its chief advantages being that it enables the patient to eat butter freely by furnishing something upon which to spread it. It is better that all attempts to furnish bread should be abandoned. The appetite for it should be crushed out. It requires great firmness upon the part of the physician, and great will-power upon the part of the patient to do it. Yet I have a patient who has not tasted bread for six years, and yet he can do without it with less trouble than he can quit the use of tobacco. Bread is the one rock upon which diabetics are wrecked. All other articles of diet are readily surrendered.

Patients should be impressed with the fact that their lives are in their own hands, that medicine in the present state of our knowledge is powerless to cure them, but that they can prolong their own lives indefinitely if they do not partake of food which they cannot appropriate. It should be impressed upon their minds that the more starch and sugar they eat the hungrier and thirstier they become. In ages gone by saccharine and amylaceous foods were not used to the extent that they are now, they are modern inventions so to speak. Primeval man perhaps subsisted largely upon animal diet, with fruits and berries. His ability to oxidize starch and sugar has been brought about by the slow process of evolution. Every living thing subsists upon its own appropriate food.

We are all creatures of environment. The ox would fare badly upon raw meat, while the lion would starve upon fodder. The diabetic has his own appropriate food, upon which he can subsist and be a happy and useful citizen.

The object of writing this paper was to call particular attention to the importance of diet in treating this disease, and to claim that the benefits heretofore achieved in the management of this complaint have been by the proper regulation of the same, and that medicines are of no use whatever in controlling the diabetic process, and that they should be used as adjuvants only. Of course the functions of all the organs should be regulated by medical treatment when necessary, the same as in any other disease.—*N. Y. Medical Record.*

DYSPEPSIA AND INDIGESTION.

Dr. Austin Flint is arousing the prophets of common sense in relation to the management of the stomach, and the endeavour to overcome its difficulties. He is beginning to recognize that there is a physiological fallacy in the idea that what is called "weak digestion," or inability to take certain articles of food, is a malady which the sufferer ought either to accept as a dispensation of providence, or to meet by uncompromising surrender. This is how Dr. Austin Flint puts the matter. "The mind plays an important part in the etiology of the affection. The old method of treatment was to strictly regulate the diet, drink very little or no fluids, and always leave the table hungry. Such treatment is entirely wrong. Dyspepsia may be developed by the attempt to regulate the diet by rules intended to prevent the affection. I always ask a patient, Do you regulate your diet? and he always answers in the affirmative. I have never known a dyspeptic to get well who attempted to regulate his diet. Regulate by the appetite, the palate, and by common sense. A patient may ask, Am I not to be guided by personal experience, and avoid such articles as I have found to disagree with me? I answer that personal experience is very deceptive. An article that would disagree to-day would agree to-morrow. Do not adopt the rule of eating only twice or thrice a day. Be governed

by the appetite. Those articles are most digestible which are most acceptable to the palate. Do not leave the table hungry. Take animal and vegetable products, and drink according to the want of instinct. The diet which, in healthy subjects, is conducive to health, is the best diet for dyspeptics. It is a fallacy to suppose that, in dyspepsia, the organs of digestion need a prolonged rest. Patients should not be afraid to rely upon their digestive powers. Perfect cures have been obtained by following the instincts of nature. Dyspepsia is most common in the better educated classes, because they endeavour to regulate their diet on scientific principles." There is much sound sense in this view; it is not new, but only the old-fashioned, sensible, manly one revived. Physicians—some, at least—who have not posed either as "starving doctors," or as anti-alcohol and anti-tobacco practitioners, have been striving to stem the course of fanaticism in science, but vainly. Perhaps it was not worth while to struggle and toil against the stream. Those who have laid aside silently on the bank waiting until the tide turned, have had a less troubled time of it; and now it has turned, or is rapidly turning, doubtless more from natural causes than the efforts made by opponents of the "fad" of fashionable physicians. It will be amusing to see how the advanced fanatics contrive to change their policy. Already we hear it admitted that "port is a good sustaining wine." Before long, perhaps, it will be perceived that, since the days when good sound wine was recognized as a useful as well as permissible aid to digestion, and, in itself, a serviceable nutrient, the type of many maladies has been altered, and not for the better; while bad nervous affections and weaknesses, neuralgia, throat-maladies, and a host of distressing and debilitating disorders have been notably on the increase; while, as regards the *bête noir* of the anti-constitutionalist—another development of the fad in physic—the gout, a suppressed or undeveloped type of the disorder, has replaced the genuine old-fashioned "enemy," against which the weapons of art were infinitely more formidable than they are wont to prove against the bronchitic troubles, the kidney, liver, heart, brain, and nerve-disturbances,

which have sprung into prominence as the type of the manifestation of "the gout" has been reduced—or, shall we say, depressed—by the withdrawal of stimulants. Dr. Austin Flint's remarks appear opportunely during the delivery and publication of Dr. Lauder Brunton's instructive lectures before the Medical Society of London.—*British Medical.*

THE VALUE OF "FORCED DILATATION" OF THE ANAL SPHINCTERS IN THE CURE OF CONSTIPATION, ETC.

BY EDWARD M. SCHAEFFER, M.D., OF BALTIMORE.

The occurrence of reflex spasms in parts more or less remote from the seat of irritation is a well-known fact, the recognition of which has been extended of late years by the labors of Sayre, Otis and others, in their respective departments.

In regarding the nervous derangements and actual paralysis often associated with congenital phimosis, also the spasmodic strictures, irritable bladders, and neurasthenic disorders relieved, coincidently, with the section of urethral contractions and narrowed meatuses, *analogy* has suggested the application of this principle of cure in cases of obstinate constipation, fecal accumulation, etc., in addition to its more common, though, probably, still infrequent employment of fissure, hemorrhoids, chronic ulcer, and spasmodic contractions of the anus.

CASE I. is that of a young lady, 24 years of age; nervous temperament; out of health for nine years with the following symptoms: constant headache and nausea, giddiness and fainting spells, great nervousness, irregular heart action; also, a muddy complexion, with persistent *acne* of entire face and shoulders.

During this long period (under homœopathic observation), thanks to the suggestion of a friend, some relief was interspersed by the use of hunyadi water. Horseback riding was also resorted to with slight benefit. Whilst attending other members of the family, my aid was first sought in regard to the very disfiguring *acne*. The patient stated, on enquiry, that the bowels were *moved* regularly every day. At-

tention to the digestive and menstrual functions availed but little. Local applications to the eruption were only palliative. The use of the prepared clay dressings was, however, markedly beneficial. After a month or two of this temporizing, the patient asked one day for a strong purgative, as she "felt so choked up she could hardly breathe." She was given a pill containing resin, podophylli, half a grain, ext. nuc. vomic, and hyoscyamus. This produced several bilious evacuations, accompanying small scybala about the size of a marrow-fat pea; no sense of relief.

Finally the abdomen was examined, and a hardened mass found, plugging up the ascending colon, and extending half way across the transverse. The cæcum was tympanitic, and sensitive to pressure. Castor oil was given freely, and deep injections of soap-suds and water, with ox-gall, administered by the nurse. With the aid of a rectal tube I filled the bowel myself afterwards, as high as I could. There was no rectal impaction, but the sphincter grasped the injection tube so tightly that it could not be passed in further than six or seven inches. None of these measures sufficed; the purgatives and the enemata gave only liquid passages, while a few small pellets escaped (evidently through a central lumen in the mass). Complete dilatation of the sphincters was then resorted to (October 21, 1884) under chloroform, and followed by insertion of same rectal tube to the extent of nearly two feet, with another full injection.

This settled matters, or rather unsettled them. For a week or more the patient had two or three movements each day, passing large quantities of balls, lumps and chip-like pieces. Some of the balls were found to contain seeds resembling those of the cucumber and tomato. There was no straining necessary at any time after the operation.

It is interesting to note that the acne of years quite disappeared within two days; and the patient's commentary on the proceeding was, that it had made a new woman of her. The bowel is gradually recovering tone, after its long distention, and acting regularly under the occasional stimulus of aloes and iron.

All nausea, etc., which was invariably severe

at each menstrual crisis, has ceased. The instrument employed was the familiar three-bladed anal speculum, screwed up rapidly to its fullest extent.—*Medical News.*

INSANITY AND ALLIED NEUROSES.

Education has to be considered among the predisposing causes. And here it will be found that insanity occurs amongst the most highly educated, as well as those without any learning at all. Does education produce insanity? Is the present age of School Boards one in which insanity is manufactured by over-work? These are two of the most important questions which present themselves for solution at the present day. In my opinion, true education, that is, the true development of mind and body, are the best preventives of insanity. Over-education, or bad education, consists really in the development of one side of the human being at the expense or to the neglect of the rest; and the fault which one constantly sees is in educating the child along the lines to which its tastes lead it without paying sufficient attention to correlated functions. The precociously artistic child is encouraged to dabble in colours, and the musician of five years old is placed in the hands of a master. This is bad education, and is likely to do harm. I should not, however, think it well to follow the advice of a recent writer who suggested that it would be advantageous if all men were taught to be ambi-dexterous. For although it is well to be able to use both hands, it is better that one should be more facile and ready, rather than that both should be indifferently handy. I have rarely seen insanity produced by anything that could be fairly called over-education, if hygienic rules were followed, and if patients were not already strongly predisposed to insanity by inheritance. The weak-mindedness produced by over-special education falls most markedly upon those who have insane inheritance. As has already been stated, precocity is not unusual in such persons, and the precocious child is one often having intellectually weak parents, who are likely to mismanage it in all directions. A forcing process goes on which ends in a premature decay or an unnatural production. The education which I

have seen do most harm is that which may be called education out of harmony with the surroundings of the individual. Thus, the promising artisan who wins some prize, or who is taken up by some well-meaning patron, and who is educated in the book learning of the ancients, or in the science of the moderns, runs danger of suffering. I have constant examples in Bethlem of young men, who, having left the plough for the desk, have found, after years of struggle, that their path was barred by social or other hindrances, and disappointment, worry, and the solitude of a great city have produced insanity of an incurable type. The question of the number of hours of daily work that are to be considered sufficient beyond which over-work comes in, is a question which must depend on the individual; and in dealing with the question of education as a cause of insanity, I insist chiefly on the disturbance produced by education bad in quality or amount.

A strong healthy girl of a nervous family is encouraged to read for examination, and having distinguished herself, is, perhaps, sent to some fashionable forcing house, where useless book learning is crammed into her. She is exposed, like the Strasburg geese, to stuffing of mental food in over-heated rooms, and disorder of her functions results. Or if a similarly promising girl is allowed to educate herself at home, the danger of solitary work and want of social friction may be seen in conceit developing into insanity. It is in this manner that the results of defective education become often apparent in the case of the weaker sex now-a-days.

Finally, with regard to the question of education, most writers, who begin by stating that there is a great increase in insanity, end by saying that the increase is due to the increase of education, and that insanity grows directly as the education of the people increases. But this, again, to my mind, needs considerable qualification. Now-a-days education has spread far and wide; and although it may be theoretically for the benefit of mankind that the larger proportion should read and write, and have a sufficient knowledge of many things, yet it leads men to over-estimate their mental acquirements as compared with their bodily ability; so that the fact that a very large number of clerks be-

come insane is rather an evidence that there are many more clerks living struggling existences, than that the study required to qualify them for their occupation has caused their mental disturbance. With the increase of education are produced over-ambition, feverish pursuit of gain and pleasure, aggregation in towns, celibacy with vice of one kind and another, and the development of religious indifference and general unbelief, associated with neglect of general hygienic conditions.—*George H. Savage, M.D.* (See Book Notices, p. 125.)

MURIATE OF AMMONIA.—Nothnagel is celebrated for his scepticism about medicines, but he says the alkaline carbonates and salts are best employed in chronic catarrhal affections of the mucous membranes, notably in chronic catarrhal gastritis, and in that complex of symptoms known as the status gastricus, marked by loss of appetite, bad taste in the mouth, nausea, sometimes even vomiting, belching of gas, a feeling of pressure, fulness over the stomach, and a more or less coated tongue. The question, whether to use soda or muriate of ammonia, can be decided in favour of the latter when there is also a non-febrile bronchial catarrh present in its second stage; while soda is to be preferred when there is considerable irritability of the air-passages and an urgent desire to cough. Muriate of ammonia is to be preferred in bronchial catarrh when the fever has passed away, or the first severe febrile symptoms have disappeared, and there is only difficulty of expectoration. It is also followed by good effects in pneumonia when the crisis of the fever has passed; when there are few râles and only whistling and rattling sounds are heard, while expectoration is still difficult. It may also be given when the expectoration stops, in consequence of an acute relapse, or exacerbation of the inflammation.—*Med. Record.*

CHANCROID.—As a stimulating application to a chancroid, Prof. Gross recommends:—R. Acid, tannici, gr. ij.; Ung. hydrarg. nit., ʒj.; Adipis benzoat., ad ʒj., M. Sig. Apply on a piece of lint.—*Medical Digest.*

Dr. North, of Chicago, in a letter to the New York *Medical Record*, establishes the fact that the specific gravity of urine is not the test of the presence of either albumen or sugar. He gives many instances in which urine of as low specific gravity as 1008 contained sugar, and of urine of high specific gravity containing albumen. He concludes a very interesting letter as follows:—

"If this article should come to the notice of any practitioner who has fallen into the way of using the urinometer as a means of diagnosing the presence or absence of sugar in urine, I trust that it will convince him of the uselessness of such an examination, and lead him to seek out methods that are reliable and trustworthy."

BROMIDE OF POTASSIUM NOT BENEFICIAL IN SPERMATORRHOEA AND IMPOTENCE.—Dr. Joseph Howe, in his recently published work on Excessive Venery, expresses himself as opposed to the use of the Bromide of Potassium in the majority of patients suffering from seminal emission, and has no hesitation in saying that its administration in spermatorrhœa and impotence is a source of incalculable injury to the patient; when given in full medicinal doses for two or three weeks it has a depressing effect on the nervous centres. This is evidenced by defective memory, dulness of sight and hearing, tendency to sleep, and weight and fulness about the head. It is known to diminish the blood supply to the brain and spinal cord, and thus aggravate the symptoms mentioned. It is known to impoverish the blood and prevent assimilation. It impairs, and may altogether destroy, the virility of the patient. Heusle says it produces torpidity of the genital organs. Bartholow says "a very notable action of the bromides—chiefly bromide of potassium—is the diminution of the sexual feeling, and of the power of the erections produced by it. This fact has been established by abundant clinical evidence. . . . The pallor and anæmia of bromism are due to several causes: to diminished action of the heart, slowness of the capillary circulation, a consequent interference in the metamorphosis of tissue, and diminished blood supply to the cerebro-spinal axis."

Little argument is needed to show that the administration of a medicine which in nearly all persons produce the effects mentioned must necessarily be injurious to patients suffering from the effects of masturbation or sexual excesses. A patient whose nervous system is already anæmic from bad habits and frequent seminal losses, certainly does not need a medicine which still more diminishes the quantity of blood going to his brain and spinal cord. There are only a few cases where the administration of the bromides is admissible.

THE PULSE IN CHILDREN.

Physiologically, the pulse in a child is more frequent than in an adult. According to Landois, at the ages of 1, 3, 5 and 11 years, very frequently, averages are found of 134, 108, 90 and 80 per minute.

In typhoid fever the infant's pulse may oscillate between 88 and 180, thus Dr. Pierre Parizot thinks with Parrot that in children an average pulse rate cannot be fixed in typhoid fever, inasmuch as this frequency depends largely upon the age. The extreme frequency of the pulse in a very young infant does not aggravate the prognosis in this disease.

Dr. Parizot's observations have been upon children of from 10 to 14 years, and in them he has not found a frequency of pulse different from adults. The existence of dirotism has been contested in children by many authors and allowed very rarely by others. Parrot has found it in a child of 13 and another of 14, that is at an epoch very near adolescence. Dr. Parizot has observed it in two young girls of 10, with a temperature of 39.7 and 39.8.

In regard to the differential diagnosis by the pulse between typhoid fever and tubercular meningitis: In the former the pulse is, with few exceptions, accelerated; in meningitis it is mobile, passing in a few minutes from 80 to 120. At the acme of the disease, in fever it preserves its frequency, in meningitis it is slowed. In the last stage of the disease, it is accelerated in meningitis, in typhoid fever with a favorable termination its frequency is lessened.

In regard to its rhythm, in meningitis it is

irregular. In typhoid it is regular, except in the ataxic or meningeal forms.

The form of the pulse should be studied anew in the child with an appropriate sphygmograph in order that the absence of diastole, which is wanting in the meningitis of adults, may be confidently stated and so have the same diagnostic value. We might also, with better instruments, find in children the sign of meningitis discovered by Sivedey in adult tracings, viz., fine markings at the origin of the line of descent, which disappear at the union of the first with the second third of this line.—*L'Un. Méd. du Canada*. R. B. N.

COCAINE IN ACUTE CORYZA.—Dr. W. S. Paget (*British Medical Journal*) has produced gratifying results by the application of a four-per-cent. solution to the interior of the nostrils by means of pledgets of cotton. Permanent relief was experienced after a single application. The solution may also be injected into the nose. The writer believes that cocaine will become the remedy *par excellence* in hay fever.—*N. Y. Med. Journal*.

HIMROD'S ASTHMA CURE.—Dr. A. J. Campbell writes in the *British Medical Journal*: "In Martindale's *Extra Pharmacopœia* there is an excellent substitute for Himrod's asthma cure, which I have tried and found very useful. Dissolve two ounces of nitrate of potassium in two ounces of boiling distilled water, and add two ounces each of lobelia, stramonium leaves, and black tea well powdered; mix well and dry thoroughly. A teaspoonful burned, and the fumes inhaled, generally gives immediate relief."

ANTISEPTIC SILK.—Freeman uses Chinese twist which has been rendered aseptic by boiling for ten minutes in a two-per-cent. solution of chromic acid, and then soaking for twelve hours in a one-per-cent. solution of the same. He states that the sutures may be left *in situ* for three weeks without the occurrence of either suppuration or softening of the silk. Silk thus prepared is especially useful in operations about the genital organs in women, as well as in laparotomy.—*N. Y. Med. Journal*.

IODOFORM AS AN ANTISEPTIC.

Professor Billroth in a recent lecture spoke of iodoform as the best and most useful antiseptic drug. He preferred it to the hydrargyri bichloride solution—which is at present the antiseptic in use in Germany and England—for the following reasons: The latter discolored the instruments and destroyed their polish, and Professor Billroth takes the utmost care of his instruments. By constant use of the bichloride, even in weak solutions, the hands of the operator become soon unfit for delicate operations, where a nice sense of touch is required. The skin on the hands, and especially about the tips of the fingers, is hardened, cracked, fissured, and sore. But the principal objection of Professor Billroth was, that many cases of mercurial poisoning had occurred with the use of this antiseptic. Some of these cases had resulted fatally. With iodoform and carbolic acid solutions none of these objective features were present. Iodoform properly used caused absolutely no severe symptoms. Formerly there had been cases of iodoform poisoning; these were divided into two classes, the light cases of poisoning and the severe form. In almost all of the operative cases in the surgical wards, within twenty-four hours a yellow colour appeared in the urine, a slight odour of iodoform in the breath, and a faint taste of iodoform was present. These symptoms soon passed off, and were not of any importance. The lighter set of cases of poisoning were characterized by gastric symptoms, increase of the above symptoms, slight nausea, and vomiting and headache. This was the form of poisoning which presented at times in the clinic, usually after wounds of extensive surface which had to granulate, or in wounds about the mouth or face. These cases were treated symptomatically, and recovered in two or three days without any further trouble. The severe form of iodoform poisoning usually proves fatal. According to the experience in the surgical wards here, it need never occur; only two such cases have happened, and these early in the use of iodoform for antiseptics.

The preparations of iodoform in use in the service of Professor Billroth, are the following:

1, The powder, used in places where the gauze is impracticable, as in the pharynx, or in wounds of the soft or hard palate; 2, the gauze, of three kinds; the ordinary gauze for general dressing purposes, containing from ten to twenty per cent. of iodoform; the iodoform gauze with colophonium, used about the mouth and where there is parenchymatous bleeding; and a third variety of gauze with tannin and iodoform, used where there is profuse bleeding, as in operations about the face and genitals; 3, an emulsion with glycerine, containing about twenty per cent. of iodoform, and used as an injection after the evacuation of pus in cold abscesses, empyema, etc.; 4, iodoform with collodion, used in small superficial wounds, ulcers, etc.; 5, iodoform pencils, of different sizes, for insertion into sinuses, urethra, etc., containing about twenty-five per cent.; 6, iodoform vaseline, twenty to forty per cent.

The powder is only used when the gauze cannot be, and not in large quantities. The gauze must come everywhere in contact with the fresh surface, if it is a wound whose edges are not brought together; over this first layer of gauze is heaped layer upon layer of the same material; over this absorbent cotton and the ordinary bandages. This dressing is always to be removed within the first twenty-four hours after the operation where there was much bleeding, or in operations of considerable size, and entirely new dressings applied in the same manner. This second dressing is not to be changed in from eight to fourteen days. This rule is especially insisted upon, particularly in wounds about the mouth. Repeated changing of the dressings, with the use of fresh gauze, is the chief cause of iodoform poisoning. In wounds which are to heal by granulation, very light compression is made. Before applying any dressing, the wound and the parts surrounding it are always thoroughly irrigated with a one per cent. solution of carbolic acid. With these precautions, in spite of what would seem to the American surgeon the immoderate use of iodoform, there has not been a single severe case of iodoform poisoning in Professor Billroth's service.—*Vienna Letter, N. Y. Med. Record.*

Brockville is now agitating for a General Hospital.

SUBMAXILLARY ABSCESS PHLEBITIS OF THE FACIAL VEINS AND OF THE SINUSES OF THE DURA-MATER.

We know how easily, by their position and relations, the facial veins can become inflamed after a trifling lesion such as a boil. These facial phlebitis may cause inflammation of the sinuses of the dura-mater, or produce purulent infection, and thus cause the death of the patient. But what is not generally known is that the same consequences can likewise originate from alveolo-dental osteo-periostitis. Guyon, Théophile, Auger, and Demons de Bordeaux have reported cases in which inflammation of the inferior maxilla has been followed by phlebitis of the facial veins and of the sinuses, and caused death. Dr. Colomb de Liseaux relates the following case which, although no autopsy confirms it, is of some interest:—A child, aged 10, in bed six days; the right side of the face is swollen and hard without fluctuation, the swelling extending to the subhyoid region. The mouth can hardly be opened; speech difficult. The swelling increased, and on Aug. 12th an abscess of the palate formed; this was opened and the œdema diminished. On the 16th a second abscess appeared. The œdema had reached the right eyelid. There was no exophthalmos; on the left side of the cheek the veins are well-defined, and there is one which gives to the finger the sensation of a hard cord, which runs up to the root of the nose. On the 18th the patient had violent chills, became comatose, and died the next day, the œdema having nearly entirely disappeared. This case is important, as it is the first in which inflammation of the facial veins and sinuses has resulted from osteo-periostitis of the superior maxilla.—(*Dr. Fissiaux in Journal de Médecine de Paris.*) R. Z.

PHOSPHORATED OIL FOR CORNS.—Phosphorated oil (boiled oil) 1 in 300 is recommended by the *Medical Courier* without giving the author's name. Every morning with a brush dipped in the phosphorated oil that portion of the stocking in contact with the corn is soaked. In about a fortnight only a thin pedicle remains.—*L'Un. Méd. du Canada.*

THE ANATOMY OF THE INTESTINAL CANAL.

The Hunterian Lectures, recently delivered by Mr. Frederick Treves, on the anatomy of the intestinal canal, present many points of great interest to the profession. Anatomists have been so much engaged in minute investigation that the gross anatomy of some parts of body has been incorrectly given. This error has also arisen from the fact that many authors have taken for granted the description of their predecessors, instead of investigating for themselves.

Mr. Treves has carefully examined this abdominal cavity in a hundred cases, and has given the results in the Hunterian Lectures.

We quote from the *British Medical Journal* a summary of these results :

"Mr. Treves has based his lectures upon the careful and systematic examination of one hundred fresh bodies, but has been careful to bear in mind that, without morphology, human anatomy is often unintelligible, and accordingly has studied the viscera of a large number of the lower animals. Some of the lecturer's statistical records are by no means devoid of interest. Thus, the average length of the small intestine in the adult male he finds to be 22 feet 6 inches, and in the female 23 feet 4 inches. The length of the bowel appears to be independent, in the adult, of age, height, and weight, and the ratio between the small and large intestine is not constant. The peculiarities of the proportionate growth of these two parts of the alimentary tract in different stages of childhood are shown to be very remarkable, and the growth of the small intestine seems to be influenced in no small degree by nutrition. Mr. Treves dwelt at great length on the somewhat puzzling relations of the peritoneum to the duodenum, and the true character of the fossa duodeno-jejunalis, which may be irreverently termed the new toy of the anatomists. In the hundred specimens which he examined, he has never found the posterior surface of the cæcum uncovered by peritoneum; he has never discovered it to be attached by areolar tissue to the pelvic fascia; and he has not met with one single example of a meso-cæcum. In every instance that he has yet seen,

the cæcum has been entirely enveloped on all sides by peritoneum, and has been free in the abdominal cavity. The lecturer also carefully examined the arrangement of the loops of the small intestine, but found that it is impossible to localize their coils so as to form some notion of the part of the jejunum or ileum that would be likely to be involved in the various herniæ on different sides of the body. Another curious fact revealed by Mr. Treves' investigations is the presence in the mesentery of an oval area, destitute of fat, and vessels very subject, on that account, to atrophy and form a pouch which constitutes the sac of a mesenteric hernia. A hole may form in the atrophied tissue, through which a loop of bowel may become strangulated."

HÆMATOCELE AFTER REMOVAL OF THE APPENDAGES.

In connection with the question of removal of the appendages for uterine myoma, we may call attention to MR. TAIT'S experience with that operation for inflammatory disease of the appendages. Of his 201 cases, 10 or 5 per cent. perished. In the majority, relief was complete and immediate; but he cannot speak precisely of the absolute effects of the operation, because a sufficient time had not elapsed in very many of the cases.

In 13 cases, however, for a period varying from six months to two years, little or no relief was obtained, and in every one of these the cause of failure was the formation of a hæmatocele, generally within a week after the operation. In some it was clearly localized on one side, while in others the effusion uniformly surrounded the uterus. In every case the pulse and temperature went up, there was much pain, and the patient remained an invalid. In one patient, the effusion having suppurated, Mr. Tait reopened the belly about four months after the original operation, and cleaned out a small quantity of pus, with the result of affording complete and immediate relief.

The accident described by Mr. Tait has been met with by Mr. Savage, who briefly notices it in the *British Medical Journal* for January 31, 1885, in which number Mr. Tait's paper may

also be found. In two cases, in the third week after the removal of the appendages, a second laparotomy was made, blood and pus evacuated, and a drainage-tube inserted. Both patients recovered, although the symptoms indicated a fatal issue before the belly was opened.

The occurrence of these hæmatoceles is most puzzling; but they constitute an important cause of failure after the removal of the appendages, and we are indebted to Mr. Tait for having recognized and called attention to them.—*Phil. Medical News.*

A SIMPLE METHOD OF TESTING THE QUALITY OF HUMAN MILK.—Dr. Paul Helot, Surgeon-in-Chief to the Maternity Hospital at Rouen, suggests a method simple and precise. Taking advantage of the fact that the size of the drops of different liquids differs according to their density or molecular cohesion, he determined the average number of drops in a certain volume of healthy human milk at a temperature of about 15° C. (60° F.). The same was done for distilled water. He used for the purpose a Pravaz syringe, holding one cubic centimetre without the needles. It was found that one cubic centimetre of good human milk gave thirty-five drops from the syringe; the same volume of water gave thirty drops. Hence the formula: In a dropper of a given capacity the number of drops of distilled water at 15° C. is to that of woman's milk as six is to seven. Some variations occur within healthy limits; if, however, the number of drops was below thirty-three or above thirty-nine or forty, the milk should be rejected. As human milk varies, at different times, the standard adopted was that of a healthy mother nursing a healthy two months' child, samples of milk being taken from each breast at the mid-period of nursing.—*Medical Record.*

TREATMENT OF CHOLERA.—“In view of the expected visit of the cholera to this country during the coming year, any contribution to medical literature, bearing upon the treatment of this disease, should receive careful and earnest consideration on the part of the medical profession.

By the researches of Dr. Koch, it is now known that acids are the most useful to kill the cholera microbe, and have been successfully employed by the profession in Europe.

Dr. Charles Gatchell, of Chicago, in his “Treatment of Cholera,” says: “As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of Horsford's Acid Phosphate. This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The Acid Phosphate, taken as recommended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence will not create that disturbance liable to follow the use of mineral acids.”

CERVICAL PREGNANCY.

Dr. E. E. Montgomery read a paper in which he recounted the history of a case seen by him in consultation with Dr. Alexander. The patient had been pregnant eight times; the last labour had been terminated by forceps. The pregnancy had lasted three months when she was taken with severe pain and quite profuse hemorrhage. An examination under ether disclosed that the cervix was distended, forming a globular tumour. The os, turned backward, was filled up with a tense membrane; breaking through it, the cervix was found to be a large cavity in which were the fœtus and its envelopes. The body of the uterus appeared like an excrescence upon the distended cervix; it would admit a finger, and was lined by a decidua. The membrane below was continuous with the outer mucous membrane of the cervix, so that the remains of it hung as a fringe from the os.

This case differed from the few cases of this condition described, in that there was no contraction of the os; in the majority of cases it occurs in primiparæ, and when discovered it is necessary to proceed to operative measures to make an opening.

Dr. Goodell remarked that he had no know-

ledge of cervical pregnancy. One case which had been sent to him as such was epithelial cancer of the cervix. How could such a case be diagnosticated without a *post-mortem* examination? Dr. Montgomery's hypothesis of an arrested abortion was probably the correct solution of such a case as he had described. The foetus might be forced out of the body of the uterus and arrested in the cervix by an unyielding os or by cicatricial bands. Some years ago a physician of this city, of large obstetrical practice, had borrowed his ecraseur for the removal of a supposed uterine polypus, which proved to be a foetus in its amniotic sac. Dr. Goodell had never been able to understand how an experienced man could make such a mistake, but the description of this case of cervical pregnancy has thrown light upon the matter. Dr. Montgomery's description of the distended cervix would apply very well to uterine polypus with long pedicle, and a mistake in diagnosis might easily be made.

Dr. Montgomery questioned the primary occurrence of cervical pregnancy. He believed the foetus had originally taken its seat in the body of the uterus, and was forced into its lower position later; but it might have been primary; the internal os being patulous, the same conditions that sometimes cause placenta prævia might cause the entire fecundated ovum to be arrested in the cervix. [Proceedings Obstetrical Society of Philadelphia.]—*Med. Times*.

TREATMENT OF DELIRIUM TREMENS.

EXTRACT FROM A CLINIC BY DR. WHITTAKER.

What will you do for a case of delirium tremens? I have already intimated to you that it is not, as a rule, a dangerous disease. Most cases recover. When they die, they die of complications, or those slow changes that are brought about by the continued ingestion of alcohol; namely, the destructive inflammation of the connective tissue of the brain, giving rise to progressive paralysis of the insane; or a chronic inflammation of the connective tissue of the liver, giving rise to cirrhosis. I have told you that it is necessary to use some restraint in these cases. Now, you should use just enough

force to keep the patient quiet, and not any more. If you have attendants enough, it is only necessary for them to watch beside the bed and to keep him from leaving it. It is more a matter of vigilance than of force.

We have next to discuss remedial agents. The best remedy is chloral, but to have success, we must give it in large doses. It is better to give it in one large dose, as forty grains at a time, than in repeated small doses. Chloral is preferred to other remedies because it does not interfere with digestion and does not leave any traces behind. But then there are certain contra-indications to its use. You could not give an old drinker chloral; the alcohol has already produced changes in the heart that you must watch. The heart has become fatty, and the aorta atheromatous. You detect these changes in the pulse or by putting the ear down over the heart. Many and many a drinker has been pushed off with a dose of chloral. What, then, in a case which you could not give chloral, would be the substitutes? The best substitute is opium. Opium was looked upon as the sheet-anchor in these cases until the discovery of chloral. You shall give it in the form of morphia in the dose of quarter or half a grain under the skin, that it be not rejected, and watch the effects. The individual as a rule falls into a sound sleep, but you would hesitate to give the remedy too frequently. You may have to repeat the dose once or twice until the patient gets a grain or more, but you would watch the effect closely; you would watch to see if the pupils were contracted. If dangerous symptoms supervened, you would have to sit down beside the bed and keep the individual awake. You do not have to make him walk about to do that, but simply sit beside him and occasionally pinch his ear or slap his face or especially call him by name; usually this is enough. While you watch the patient, count his respirations. As a rule you would not venture to leave him until his respirations were as frequent at least as ten per minute. Do not forget how boldly you may use atropia, in the dose of half a grain hypodermically, in a desperate case. Now, in a case where there was some sign of fatty degeneration of the heart, as there is in the case before us, you would certainly put the

patient under digitalis. Grade your dose according to the condition of the patient; sometimes you will have to give as high as a tablespoonful of the infusion every two hours. Then there is a remedy which you would have the patient use as a drink, and it is in a mild case almost a specific, namely, coffee; you would have the individual drink strong coffee. Let him drink it without any milk, because the tannic acid of the coffee coagulates the albumen of the milk, and renders it less easily absorbed; or you might give the active principle of coffee—caffeine.

Binze found that coffee was an absolute antidote to alcohol, and that dogs saturated with caffeine could hardly be intoxicated with alcohol. So you would use coffee or caffeine, and you would recover your patient, as we have done this man within the short space of twenty-four hours. Lastly, if you choose, when you are all through you may lay aside the role of physician and assume that of the preacher. You can generally do more good than the temperance lecturers. You can call attention to the harm that alcohol does to his brain and his liver. These are the chief organs to suffer; but you are not hence to infer the alcohol is carried irregularly over the body; it is carried uniformly everywhere—absorbed always by the veins—never by the lymph vessels. Tell your patient that alcohol is one of those poisons that leave a permanent effect. Opium does not, and nicotine does not. A man may suffer the profoundest poisoning with opium and nicotine, and yet recover entirely from it. A man may take either for years, but the moment he stops the poison is eliminated. But it is not so with alcohol. Alcohol produces the profoundest lesions in the brain and other organs, diseases that are called progressive. These things, I say, you can depict to the patient, and sometimes you can rescue him from the habit, but not as a rule, for he has become addicted to it for life, and is not capable of breaking it off, because the force of his will is broken, too. Most of the inebriate asylums of the country are failures. The individual can be sent to an asylum, and so long as there, kept under observation, he will do very well; but the moment he is out from observation, he relapses, because, as I have

said, the regular drinker has lost his will. We do not expect to accomplish much by that method, or by our other sermons; but we expect to accomplish more by good laws—by license laws, perhaps—by some means that will put the abundance of liquor beyond the reach of the majority of men. It was found in Russia that the amount of crime was in exact ratio to the tax that was put upon liquor. In the countries where people drink the milder wines, we do not find any of these diseases. So, if we can do no more, we may impress upon the patient the wisdom of taking only the lighter drinks.—*Journal Am. Med. Association.*

FROM the Pharmacopœia of the Adelaide Hospital, Dublin:—

Mistura Carminativa :

Tincture of rhubarb 48 mins.
Carbonate of magnesia 9 grs.
Aromatic spirits of ammonia .. 9 mins.
Water to 1 oz.

Mistura Diapheretica :

Solution of acetate of ammonia.. 1 drachm.
Nitrate of potash 20 grs.
Water to 1 oz.

Mistura Diuretica :

Acetate of potash 20 grs.
Sweet spirits of nitre..... 30 mins.
Decoction of broom 1 oz.

Mistura Pectoralis :

Carbonate of ammonia 3 grs.
Tincture of squill 20 mins.
Syrup $\frac{1}{2}$ drachm.
Water to $\frac{1}{2}$ oz.
Dose—Half ounce to one ounce.

TO PREVENT FALLING OUT OF THE HAIR
Dujardin, Beaumetz recommends the following:—

Chloral grammes, 5
Distilled water..... “ 100

Use as a lotion every evening before going to bed. After a fortnight no more dandruff will form and the hairs will cease to fall—*Jour. de Med. de Paris.* R. B. N.

GLYCERIDE FOR VAGINITIS.—(Sigurund.)

Iodine grammes, 0.08

Iodide of Potassium, " 0.40 to 0.80

Glycerine, pure " 20

Make a solution. Paint the solution over the vaginal walls with a camel's hair brush, or introduce tampons of lint soaked with the solution into the vagina in cases of blennorrhagic vaginitis with granulations.—*L'Union Méd.*

R. B. N.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TO SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

TORONTO, APRIL, 1885.

MALIGNANT ENDOCARDITIS.

The Gulstonian lectures for this year have been delivered by Dr. William Osler. So far as we know, it is the first time that so high an honour in the medical profession has been conferred upon a native-born Canadian.

The subject chosen is one of great interest, and one to which Dr. Osler has given much attention. He had also exceptionally good advantages for making investigation in the Montreal General Hospital.

He divides endocarditis into two forms, simple and malignant. According to his views malignant endocarditis occurs under the following conditions:—"1. As a primary disease of the lining of the heart or its valves, either attacking persons in previous good health, or more often attacking the debilitated and dissipated, or those with old valve lesions; 2. As a secondary affection in connection with many diseases, particularly rheumatic fever, pneumonia, scarlet fever, diphtheria, ague, etc.; 3. As an associated condition in septic processes, traumatic or puerperal."

The lesions may be vegetative, ulcerative, or suppurative. These forms may occur alone or in combination.

His description of the histological character of these vegetative or ulcerative is of especial interest. The small, fresh endocardial vegetation are made up of cells derived from the subendothelial layer. The surface of endocardium is elevated and soon becomes covered by a cap of film, of the nature of a thrombosis, derived from the blood. In this latter are often found the granule masses of Schultze or blood-plates of Bezozzen.

The larger vegetations are more characteristic of malignant endocarditis, and are made up of "granular material composed of altered and dead tissue element, fibrinous exudation, and colours of micrococci." There is more or less infiltration and increase of cell elements in the valve at the point of attachment. The micrococci are not all of the same kind. Klebs gives two varieties—one found in septic, and the other in rheumatic cases. They may be found in zoogloea or colonies, in chaplets, or in the form of distinct capsules. Bacilli have also been found.

Dr. Osler also agrees with Klebs in the opinion that the micrococci find their way into the endothelium directly from the blood. The parts of the heart most frequently affected are the aortic and mitral valves, then the heart wall. The bicuspid and pulmonary valves were found diseased in only 9 out of 100 cases.

The most important changes in the heart structure are due to the ulcerative process. Valve segments may be perforated, the chordæ tendinæ may be eroded, and the heart muscle may be partially ulcerated through. Aneurisms arise in this way.

With regard to the secondary processes which result from endocarditis: "Cases may be divided into those without any embolic processes, cases in which the infarcts are simple, not suppurative; those in which there are innumerable suppurative infarcts; and cases in which some of the infarcts are simple and some suppurative." The spleen is most often the seat of infarcts, and next to that the kidney. Various changes take place in different parts of the body as a consequence of these infarcts.

Extensive extravasation of the membranes of the brain was met with in 25 out of 200 cases. Lungs may be affected, even gangrene has been found. Plurisy also sometimes occurs. Head symptoms, resulting from emboli of the cerebral vessels, are also very common.

This finishes a short and very imperfect epitome of the first lecture. We shall be glad to give an account of the other two in our next number.

THE DEPOPULATION OF FRANCE.

Apart from all moral aspects, the question of the increase in population is an important one for the State. French *savants* are now discussing the subject very seriously. According to the *N. Y. Med. Jour.*, M. Lagneau presented a paper to the Academy which contained some rather startling statistics. The population of France, two centuries ago, amounted to one-third of that contained in the whole of Europe, while now it is only one-tenth. As the death rate is low, the explanation must be found in the diminished number of births. Such diminution is said to arise from various causes—marriages are becoming more infrequent, conception is avoided by the many devices which are now becoming too well known. Women are sterile through defective physical development and luxurious habits; many men are unfit for marriage on account of previous dissipation and immorality in youth.

Such evils are not confined to France, although it is probably the most immoral among civilized, if not all, nations. They exist in this continent, especially in the older states of the American Republic, but, to a certain extent, also in Canada. Among the so-called better classes in this country marriages are becoming more infrequent and longer deferred. Many of our women, through defective training with luxurious and indolent habits, are physically unfit to become mothers. Others are becoming wonderfully *wise*, and systematically avoid conception. Such practices have been rigorously denounced by many American physicians.

Medical men can hardly be held responsible for the customs and habits of the general public, but it is certainly their duty to protest against

anything which is likely to cause physical deterioration of the people. Parents should be warned against endeavoring to develop the mental qualities of their children at the expense of the bodily. Wives should be taught as far as possible by their physicians that which seems often to be forgotten in these modern days, that their highest and noblest vocation is to bear and rear children.

TORONTO GENERAL HOSPITAL.

To show the rapid growth of Toronto during recent years as a centre for medical education, we may refer to Toronto General Hospital with its ever-increasing facilities for teaching which have been taken advantage of by an unprecedented number of students during the session just closed. Four hundred and fourteen medical students registered their names at the hospital, and nearly all of them have already presented their tickets for certificates of attendance at the clinics and autopsies. The seating capacity in the operating theatre was found to be insufficient, and additional accommodation was provided. Every Saturday it was faithfully attended to witness the operations which have largely increased in number and importance. Mr. Lawson Tait, in his American notes, says: "I spent a long afternoon in the hospital in Toronto, and saw there the results of surgical work as brilliant as any to be found in Great Britain." The interest taken by the class in practical hospital work is shown by the great demand which there was for clinical clerkships and dresserships.

The daily average number of patients under treatment has been over 200. In the last nine years the number of in-door patients has increased from 921 in 1875 to 2,098 in 1884, which increase must and does add greatly to the clinical advantages to be derived by the students in attendance. The Eye and Ear department has grown apace; four services a week were regularly attended by the final class. The special Skin Clinic, by Dr. Graham, has been largely attended, and gave the greatest satisfaction; as have also the regular practical Gynæcological Clinics which were carried out in the special wards—Dr. Temple taking the

first three, and Dr. U. Ogden the last three months of the session. These improvements indicate that the energetic Medical Superintendent and the staff have not forgotten the interests of the students while attending to the welfare of the patients. Special efforts will be put forth to make the summer session of great value to those remaining to take the course. The large amount of clinical material which there is will be fully utilized.

TRAINING SCHOOL FOR NURSES.

The nurses' school now numbers 34 pupils. The course requires attendance for two years. Lectures on all the essential branches are delivered by members of the active and resident staff, and practical instruction given daily in the wards. Great improvement in the nursing department is noticeable. Physicians throughout the country will soon be able to obtain the services of a well-drilled nurse on making application to the school.

In connection with the training school it is desired to have a nurses' home erected, which is greatly needed. Cannot some of our wealthy citizens take the matter up and give the necessary amount—ten thousand—and thus perpetuate their names in a philanthropic cause.

CHLORIDE OF GOLD AND SODIUM.

This medicine has been recently introduced to the notice of the profession by Roberts Bartholow, who read a paper on the subject, which was read before the American Neurological Association, and published in the *Medical News*. He says it sometimes acts surprisingly well in affections characterized by spasm, as asthma, laryngismus stridulus, and singultus. Rabuteau has shown by physiological experiments that, when taken in large doses, it is never completely eliminated from the system, but the metal is reduced and deposited in the epithelium and nerve tissues. Most of our information, however, as to the effects of the remedy is derived rather from clinical observation than from physiological investigation, and goes to show that it acts as an alterative and antispasmodic.

In a recent number of the *American Journal*

of *Obstetrics*, Dr. Magruder, of Washington, gives his experience of its use in a few cases of whooping-cough, in which the results were apparently good. He gave the following prescription to a child three years old:—

R. Auri et Sodii Chlorid . . . gr. ij.

Aq. destil. ʒi.

Five drops to be given every two hours.

In the few cases where this was administered great relief was afforded to the serious symptoms.

Chloride of gold and sodium is a caustic, the chloride of gold resembling in its action nitrate of silver. According to Stillé and Maisch the action of gold bears some analogy with that of mercury, its salts producing local irritating effects, and internally developing a state of erethism which resembles mercurial fever. It would be very satisfactory to find that its use is generally followed by such good results as in the hands of Bartholow and Magruder, but it is well to remember that various preparations of gold were largely used in the past, especially in Italy, and the general verdict at that time was that they were comparatively useless.

PYROGALLIC ACID IN THE TREATMENT OF LUPUS.

In a recent number of the *British Medical Journal* Dr. Thin, gave a short account of the remedies which have of late been used in lupus, and gives prominence to the method of first scraping the spot, and then applying a solution of pyrogalllic acid. It must be remembered that serious constitutional symptoms follow the use of pyrogalllic acid when it is applied to a large surface of the body, as is often done in psoriasis. In lupus, however, the diseased surface is limited, and there is little danger of constitutional effects.

The writer has found pyrogalllic acid of great service in the treatment of superficial epithelioma or rodent ulcer. He has applied it as an ointment of the strength of ʒss. — ʒj. — to the ounce. It may be used twice daily for three or four days, and the part afterwards poulticed. The superficial slough will come away in a few days, and the parts beneath will heal quickly.

CATARRHAL JAUNDICE.

In the so-called catarrhal jaundice we have more or less severe constitutional symptoms, such as marked weakness, pains, vomiting, diarrhoea, increase of temperature, and well-pronounced jaundice. It has generally been supposed that the cause of these symptoms was obstruction to the flow along the bile ducts arising from a catarrhal inflammation extending from the gastro-duodenal mucous membrane.

M. Chauffard, who has published a paper on the subject in *Revue de Médecine* which is noticed in the London *Lancet*, takes the ground that the jaundice is not caused by such local inflammation, but is one of the later symptoms of a general disease of the system running a regular course in which a primary irritation of the biliary gland precedes a secondary catarrh of its excretory ducts.

THE MEDICAL DEPARTMENT OF THE GERMAN ARMY IN THE WAR OF 1870-71.

At the time of the declaration of war there were 3,679 military surgeons, of whom 1,083 had previously been private practitioners. 2,767 followed the regiments, and 912 were attached to troops in garrison. Besides these, 1,779 physicians were attached to various hospitals and to companies of prisoners. They accepted the services of 347 foreign physicians—39 English, 57 American, 15 Belgian, 84 Dutch, 69 Swiss, 49 Russian, 22 Austrian, 2 Spanish, 2 Italian, 2 Greek, and one from each of the following countries: Norway, Sweden, Turkey, Roumania, Servia and Mexico. The number of military apothecaries was 478. There was one physician to every 170 men, including nurses, attendants, etc., and there were in the whole department 35,662 men.

Sixty-six surgeons died from wounds or disease, 66 were wounded and afterwards recovered, and 352 became invalids. There were 119 field hospitals, which received 280,910 wounded and sick soldiers, who spent 3,245,743 days in treatment. They sent away 250,000 wounded and sick, of whom 40,000 were sent by special sanitary trains.

The hospitals of the interior received 602,262 patients, of whom 176,262 were prisoners. One can form some idea from these numbers of the extent and great activity of the German medical department during the war.

THE MORTALITY OF INFANTS, AND VACCINATION.

The following comparison of the mortality of children from variola, in Bavaria, where vaccination is obligatory, and Holland, where it is not, ought certainly to satisfy the most obstinate anti-vaccinationist of the utility of the operation.

Of a thousand children the number of deaths were as follows:—

| | In Holland. | In Bavaria. |
|-----------------------------|-------------|-------------|
| Under one year..... | 766 | 232 |
| From one to five years..... | 455 | 10 |
| From five to ten years..... | 145 | 3 |

SUMMER SESSION.

We are glad to announce that an important advance has been made in the mode of conducting the Summers' Session for this year.

Members of the faculty of both schools, who are also on the hospital staff, have combined to form a teaching faculty, who will give all the lectures in the Toronto General Hospital.

The course will be almost entirely of a practical character. Clinical instruction will be given in the theatre and wards of the hospital from 1.30 to 4.30 p.m., each day except Saturday, when operations will be performed. Courses of instruction will be given in the mornings by the following gentlemen:—Operations on the Cadaver, Dr. Fulton; Diseases of Joints, Dr. McFarlane; Genito-Urinary Diseases, Dr. Grasett; Diseases of the Nervous System, Dr. Graham; Diseases of the Heart and Lungs, Dr. Sheard; Diseases of the Digestive System, Dr. George Wright; Gynæcology, Drs. Ogden and Temple; Obstetric Operations, Dr. A. H. Wright; Ophthalmology and Laryngology, Drs. Reeve and Ryerson; Pathological Histology, Drs. Sheard and W. H. B. Aikins.

The course will begin on May 1st, and continue for ten weeks. So far as we know this is the first course of medical instruction given in

Canada, entirely within the walls of a hospital, and we have little doubt that the superior advantages afforded, and their appreciation by the students, will render this Summer Faculty in the Toronto General Hospital a permanent success.

TREATMENT OF WRITER'S CRAMP.

In a late number of the *British Medical*, Dr. De Watteville reports the very successful treatment of Writer's Cramp by a system of massage and gymnastics. This system is carried out most successfully by a Mr. Wolff, with whom it originated. Mr. Wolff is well known to the leading physicians of Europe and is highly thought of by Dr. Charcot :—

The massage consists of rubbing, kneading, stretching, and beating of the fingers, and the several muscles of the hand and arm, with or without the simultaneous assistance of elastic bands.

The gymnastic exercises are active and passive. The latter consist of flexions and extensions of all the joints of the fingers, hand, and arm. Active exercises include systematic voluntary movements of the parts affected ; and if the general condition of the patient requires it, of all the limbs and trunk. As a rule, at least two sittings daily are required, extending from twenty to forty minutes each on an average ; and, in addition to this, the patient may be required to practise the gymnastic exercises at home. Later on, graduated exercises in writing are prescribed. It is impossible to enter into minute details concerning these operations, which must vary with the idiosyncrasies and peculiarities in the case of individual patients.

As will be seen by the notice on another page the next meeting of the Ontario Medical Association will take place in London, in the first week of June. We hope that those gentlemen who intend reading papers will send early notice of their intention to the Secretary, so that a printed programme may be issued. As will be remembered, the last meeting in Hamilton was a great success, and we trust that these annual re-unions of the profession will ever increase in interest and profit.

Dr. Milne, of Victoria, B.C., writes that they have been trying to secure a new Medical Act for that Province, but it has fallen through this year on account of the difference which exists between the Canadian and the English and American graduates ; but it is only a matter of time till the Canadians gain their point of having the standard a four years' course, instead of three, as at present.

We would direct the attention of our readers to the Foster's Surgical Chair, an advertisement of which appears in the inset.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

MARCH 5th, 1885.

The President, Dr. Reeve, in the chair. After reading the minutes of the last meeting, Dr. Hall, of Queen Street West, was elected to membership. Dr. A. H. Wright presented a portion of intestine which was involved in a strangulated oblique inguinal hernia. The patient was admitted to the hospital March 3rd, at 2 p.m., in a very low condition. Several attempts to reduce the hernia were made without avail. At 3.30 the patient was anesthetized and taxis again tried. Herniotomy was then performed. The bowel was dark in colour being almost gangrenous. The patient died the following day.

HERNIA OF THE DIAPHRAGM.

Reported by DR. OLDRIGHT.

E. W., aged four years. I had known her from birth, and had not known of any peculiarity in her. I was called to see her on the evening of the 18th February. She had been in her usual health till noon. Had eaten of dried beef and other food. Early in the afternoon vomiting had set in and continued persistently all afternoon. She was much prostrated. Pupils were much dilated. Ordered bismuth carb. gr. iij., morphia mur. gr. $\frac{1}{16}$, aq. cin. \mathfrak{z} j. every half-hour till vomiting should subside ; also a sinapism to the epigastrium. Castor oil had already been given.

Early next morning Mrs. W. called at my

office and reported that vomiting still persisted and that the bowels had not moved. I ordered very small dose of atropia with bismuth and chloroform every half-hour till the vomiting should cease, the oil and the mustard plaster to be repeated and an injection to be given. I saw the child during the forenoon. The pulse was very rapid and throbbing; vomiting had somewhat subsided and the patient seemed to be in less pain. The bowels had not moved, and I ordered oft-repeated injections till the desired result should be obtained. I was telephoned for at 6.30 in the evening, and on arriving found the child in convulsions and in a warm bath. I administered chloroform and ordered a mixture of potassium bromide and chloral, and another with drop doses of ol. tigllii. The little patient was unable to take either, and on my return in an hour and a half she had just breathed her last.

Post-mortem on the 20th February. On opening the abdomen the stomach was found immensely distended and its surface covered by an apron which could not be raised, and in front of this again the spleen carried to the right of its normal position. The intestines were empty with the exception of one or two semi-solid lumps in the head of the colon. On passing the hand over the stomach it was found that a portion of the large intestine had escaped into the thoracic cavity. The thorax was now opened and the protruding, or rather intruding, mass of intestine was seen covered by a serous sac (pleura and peritoneum); behind this the kidney was also found—in the thorax, but not in the sac with the intestine. I now decided to remove the stomach. Messrs. Ellis and Barber, who made the *post-mortem* under my supervision, found that the relative position of the cardiac and pyloric orifices was reversed, and that the stomach had been twisted on its vertical axis. It was opened, and a congested patch was found on the mucous surface. The stomach contained a large quantity of fluid, more than a quart. The diaphragm was carefully dissected, and it was found that the muscular coat had given way and that the peritoneum and pleura had been shoved in front of the intestine, forming a hernial sac.

Since the death of the little patient I have been told that a week or so before her illness she fell off a sofa striking on the top of her head. Three theories may be advanced to account for the condition and symptoms: (1) That rupture of the muscular fibres and some displacement of the viscera took place at the time of the fall, giving rise to the subsequent vomiting, by which the hernia was incurred; (2) That the hernia caused the vomiting; (3) That the violent vomiting caused the hernia. The first appears to me to be the most probable.

ARRESTED DEVELOPMENT OF A FŒTUS.

Dr. Machell, on 1st of March, was called to see Mrs. B., who was then having hard labour pains, and shortly after he entered the room passed a foetus in its membranes with the placenta. It appeared to be between three and three and a-half months old. The sac was of a dirty brown colour and contained the usual quantity of fluid, which was also of a dirty brown colour. The placenta had a much fresher appearance, its maternal surface being apparently covered with a thin layer of inflammatory material.

The mother gave the following history: Has had three children, with an equal number of miscarriages—a miscarriage after each child. The last child is now 20 months old. Menstruated about the middle of July, and supposed herself for four or five months to be pregnant. As she had not been getting larger lately she thought something must be wrong. Except for a sharp gush of blood for a few minutes about Christmas time, she was perfectly well all through.

The foetus must have been dead for at least three months. What caused its death? There is no specific history and the patient could assign no cause for it except several consecutive days of hard work early in November. This would be about the time of its death, to judge from its size. A reasonable explanation would be that at that time some inflammation took place between the placenta and uterus, cutting off the blood supply to the former. This theory would seem to be borne out by the appearance of the placenta.

SYPHILITIC DISEASE OF THE BRAIN AND SPINAL
CORD SUCCESSFULLY TREATED BY
IODIDE OF POTASSIUM.

(Reported by Dr. J. E. Graham.)

Mr. M., aged 49, banker. Patient has enjoyed moderately good health until the commencement of the present illness. About two years and half ago he had what he calls bilious attacks, which were accompanied by slight jaundice. He then suffered from pains in lumbar region, which were much more severe at night. These however passed away. About two years ago he had a more severe attack of jaundice, which lasted some weeks. He shortly afterwards caught cold, and noticed weakness and pain in the legs, also weakness of the bladder. He had frequent desire to pass water. This latter symptom has been present ever since. The weakness of the limbs increased until he could scarcely walk, and at one time both the bladder and rectum were partially paralysed. For the last three or four weeks he has noticed gradually failing eyesight. He cannot read and can scarcely see his way. He has never had any paralysis of the upper extremities, and, so far as can be ascertained, he did not lose sensation in the lower limbs. He has been impotent for the last two years.

On making close enquiry, I found that the patient suffered from the primary symptoms of syphilis about seven or eight years ago. These consisted of chancre and indolent bubo. Secondary lesions followed in due course. I do not know whether at that time anti-syphilitic treatment was adopted or not.

It might here be stated that patient's social position rather precluded the idea of syphilis, and this case shows how important it is to make these enquiries where there is any doubt whatever.

Present condition.—Patient is tall and somewhat emaciated. He could not walk into the office without assistance. His gait is very unsteady, and he moved his feet forward in the peculiar jerky manner of one suffering from lateral sclerosis. He is at times troubled with drowsiness.

His eyes were examined by Dr. Reeve, who sent the following report: "I find vision of left

eye $\frac{1}{10}$ th of normal, of right one-third. The examination of fundus gave negative results. The field of vision is markedly affected; the function of the optic nerve fibres supplying nasal half of each eye being practically reduced to *nil*. I should infer some centric mischief, likely of syphilitic nature, involving optic tract or corminiam."

His hearing is not at all affected. There is a slight hesitancy in speaking, but the intellect is perfectly clear. The arm was examined and found normal. The heart and lungs were found in the same condition. There is a slight enlargement of the prostate gland, which may partly account for the irritability of the bladder.

On more particular examination of legs, find the sensation normal. There is a very marked increase in the tendon reflexes. This sign is present in both limbs. The muscular irritability, as shown by the faradic current, is rather less than normal.

Patient was put on ten-grain doses of potass. iodide, together with small doses of perchloride. The iodide has been increased to half a drachm three times a day. Under this treatment, patient began to improve in a few days and has since been steadily getting better. His eyesight has been so much improved that he can now read his letters without difficulty. His gait is still unsteady, but he can walk a mile without fatigue. He sleeps well, but is still annoyed with frequent passage of urine. He expects shortly to resume his work, after an interval of more than two years.

This case is reported to show the favourable results which follow the administration of large doses of iodide of potassium in the centre nerve lesions of syphilis. In this case the lesion in the cord appears to be confined principally to the lateral column. This is rather unusual, as syphilitic growths are found generally connected with the meninges of the cord. No ataxic symptoms were present.

It is said that Dr. Koller, the discoverer of the anæsthetic properties of cocaine, has recently fought a duel. His antagonist, one of Billroth's assistants, received a wound that may prove fatal.—*Boston Med. and Surg. Journal.*

Book Notices.

Report for the year 1883-84, of the Yale College Observatory.

Address in Medicine delivered before the Medical Society of the State of Pennsylvania, May 1884. By W. H. DALY, M.D.

School Hygiene in relation to its influence upon the vision of Children, or School Sanitatum. By A. W. CALHOUN, M.D., Atlanta, Ga.

The Physiological Effects and Therapeutical Uses of Hydrastis. By ROBERTS BARTHOLOW, M.D., LL.D.

Extensive Burn involving the cavity of the Knee-joint. W. H. DALY, M.D., Pittsburgh, Penn.

Sulla Emicorea Sintomatica, per il Prof. L. BIANCHI. Naples, 1885. (Reprint from *Medicina Contemporanea*.)

Le Andature (Cammie). Studio Semiotice per le Malattie Nervose e Mentale pel. PROF. L. BIANCHI. Naples, 1885. (Reprint from *Giornale Internazionale delle Scienze Mediche*.)

Typhoid Fever and Low Water in Wells. By HENRY B. BAKER, M.D., Lansing, Mich. Reprinted from the annual report of the Michigan State Board of Health, 1884.

Mimicismo ó Neurósís Imitante (Miryachit Jumping, Latak.) Estudio Critice for José Armaugné y Tuset, con un prologo de D. Juan Giné y Partagás. Barcelona, 1884.

Contributo alla Dotturia della Temperatura Cefalica. Ricerche Cliniche e Sperimentali. Per i Prof. Leonardo Bianchi e Dottori Alfonso Montefusco e Francesco Bifulco. Naples, 1885. Reprint from *La P Sichiatria*.

Canadian Filicinæ. By JOHN MACOUN, M.A., F.L.S., and T. J. W. BURGESS, M.B. Read in abstract before the Royal Society of Canada, May 23rd, 1884.

For this volume we are indebted to the kindness of Dr. T. J. W. Burgess, London, Ont,

Cocaine and its Use in Ophthalmic and General Surgery. By H. KNAPP, New York. G. P. Putnam's Sons, New York and London.

This is a reprint (with addenda) from the Archives of Ophthalmology of an elaborate article—prefaced by a translation of Koller's original paper—embodying the author's own experiments and experience as well as those of a goodly array of practitioners, whom he has quoted or asked to contribute. It is a tribute to the laudable zeal of the profession in testing the qualities of this very valuable agent.

The Elements of Physiological Physics. By J. MCGREGOR-ROBERTSON, M.A., M.B., C.M. Philadelphia: Henry C. Lea's Son & Co.

In teaching the physical signs of chest diseases we have have often been struck by the want of knowledge on the part of students of the laws of physics, and have often thought that a work such as the present one would be a great boon. In the study of physiology it is absolutely necessary to have a fair knowledge of physics and chemistry. The student will find in this text-book all that he requires to know of physics, and given in such a way as to be of especial value in his physiological work.

Elements of Surgical Diagnosis. By A. PEARCE GOULD, F.R.C.S. Philadelphia: Henry C. Lea's, Son & Co.; Toronto: Vannevar & Co.

This will be found a useful and compendious manual by those who are desirous of perfecting themselves on surgical diagnosis, and more particularly by those who for various reasons may desire to express with accuracy the exact surgical condition which they may be called upon to treat. For though a surgeon may treat two different surgical diseases in the same manner, it does not follow that he should not aim at obtaining accurate ideas of all the circumstances which are necessary to the formation of a correct diagnosis in each case. The author separates the diagnosis of injuries from that of diseases, and we are inclined to agree with him that though this course is not in strict accordance with the ways of nature, it yet seems to possess the advantage of greater simplicity. We heartily recommend this volume to the profession.

Doctrines of the Circulation. By J. C. DALTON, M.D., Professor Emeritus of Physiology in the College of Physicians and Surgeons, New York, etc. Philadelphia : Henry C. Lea's Son & Co. Toronto : Vannevar & Co.

This work gives a history of physiological opinions of the past and present in connection with the circulation of the blood. Its perusal will give a good idea of the views of writers on the subject from the days of Aristotle to the time of Harvey, and will be exceedingly interesting to physicians of the present day.

Intestinal Obstruction : its Varieties, with their Pathology, Diagnosis, and Treatment. By FREDERICK TREVES, F.R.C.S., Surgeon to the London Hospital, etc. Philadelphia : Henry C. Lea's Son & Co. Toronto : Vannevar & Co.

This work is in substance the essay to which the Jacksonian Prize was awarded by the College of Surgeons of England, in 1884. The subject is one of the deepest interest to all physicians and surgeons, and its importance may be estimated by the circumstance referred to by the author, that over two thousand die every year in England from various forms of obstruction of the bowels, exclusive of hernia. The manual is all that might be expected from such a laborious and able worker as Mr. Treves, and is one of the most valuable contributions to modern surgical literature.

A Manual of Organic Materia Medica. By JOHN M. MAISCH, Phar.D. Philadelphia : Lea Brothers & Co.

The second edition of this very valuable work has been recently issued. The author is too well known, on account of his work in connection with "The National Dispensatory," to need any special commendation from us. This book of over five hundred pages contains an immense amount of information on a most important department, and so well arranged that it can easily be made use of. It is especially valuable, as it contains a description of the properties and uses of those indigenous herbs which have of late come into notice. While we should not forsake the old and tried remedies, we ought to study the properties of those which have recently been discovered. We recommend this manual to students of medicine and pharmacy. It will also be useful to practitioners for reference.

The Popular Science Monthly for April, 1885. New York : D. Appleton & Co. Fifty cents a number, \$5 a year.

In "The Character and Discipline of Political Economy," with which the April number of *The Popular Science Monthly* opens, Professor Laurence Laughlin, of Harvard University, exhibits the study named as a valuable educational factor. Professor W. R. Benedict, with the aid of illustrations, describes the structure of the nervous system, and lays the foundation for a discussion of its relation to consciousness. Among the other articles are those of Dr. von Pettenkofer, on the modes of propagation of cholera ; of Mr. Fernald, on "Aristotle as a Zoölogist ;" of Mr. Allen Pringle, on "Apiculture ;" of Charles Morris, on the "Structure and Division of the Organic Cell ;" of Mr. Edis, on the "Internal Arrangement of Town-Houses ;" and Mattieu Williams' "Chemistry of Cookery."

The International Encyclopædia of Surgery. By authors of various nations. Edited by JOHN ASHURST, JR., M.D. In six volumes. Vol. V. New York : Wm. Wood & Co.

The fifth volume of this excellent work treats of injuries and diseases of the head, chest and abdomen, and is second to none that have appeared up to the present time. The list of authors includes such names as Annandale, Heath, John Wood, Solis-Cohen, Frederick Treves, Henry Morris, Lefferts, and others equally well known.

There is, perhaps, an unnecessary division of labour as far as surgical diseases and injuries of the head are concerned, but the articles are all good, even though it be conceded that some are more interesting for specialists than general practitioners. Such papers, however, as Nancrede's on injuries of the head, Treves' on malformations and diseases of the head, Heath's on injuries of the mouth and adjacent parts, and Macleod's on injuries and diseases of the neck, are all that could be desired ; while the articles on injuries of the chest by Bennett, diseases of the breast by Annandale, injuries and diseases of the abdomen by Morris, and hernia by Wood, will prove exceedingly interesting and valuable to all who read the volume.

A Manual of the Medical Botany of North America. By LAURENCE JOHNSON, A.M., M.D. New York: William Wood & Co.

The December number (1884) of Wood's Library, is an attempt to supply that "long felt want" of a text book, suited to the needs of American medical students. Part I. Treats of the elements of Botany, and gives a concise and well illustrated summary of what a medical student ought to know of the life history of plants. The coloured plates of familiar American plants are excellent. The author's views as to the medicinal properties of certain plants will not of course meet with general approval. He states, however, in his preface that a "judicious scepticism is wiser than a blind credulity." Referring to Gelsemium, (page 227) he says: "Regarding its therapeutic applications, rejecting as we reasonably may all its specific effects in certain diseases, there seems to remain no other just place for it except in febrile and inflammatory affections of a decided sthenic type. That in such cases it may moderate or subdue febrile action, through its powerfully depressent effect is very evident, but that the desired result can be obtained more readily and more safely by this drug than by some other and more certain agents certainly requires demonstration." Meanwhile the judicious physician will suspend judgment, and at least experiment with great caution.

Insanity and Allied Neuroses. By GEORGE H. SAVAGE, M.D., M.R.C.P. Henry C. Lea's Son & Co., Philadelphia.

We have read this book with very great pleasure, and can confidently recommend it to the profession as a work containing in a small compass all that is necessary for a general practitioner to know of insanity. It is written in an easy, pleasant style, and many of the chapters are as interesting as a romance.

Dr. Savage holds what appear to us to be very common-sense views on the more debatable points connected with insanity, and they are of the greater value as they are doubtless the result of many years' experience and observation. We quote the following remarks on the unsatisfactory nature of the *post-mortem* observations which have so far been made of the brains of insane patients:

"One of the greatest difficulties which has ever presented itself to the student of insanity has been the fact that *post-mortem* so little has been found visible to the naked eye. I may say that, with my experience of years, and after seeing many hundreds of *post-mortem* examinations of the bodies of the insane, I have met with few coarse changes within the skull, and even with the higher powers of the microscope all that can often be detected may be evidences of change in the nutrition of the connective tissue of the brain. This may seem unsatisfactory; but the time will come when the inter-relations between the million of nerve cells with their manifold processes, and their dependence for healthy action upon healthy blood and pure air, will be better understood. The brain, like a kaleidoscope, consists of innumerable parts, which adapt themselves to varying patterns. A shake occurs, the pattern changes, but each one of the pieces still exists as it did before; no change in shape, no change in colour, only change in relationship. So, I believe, it will be found to be with many forms of insanity, change in one faculty changing the mental pattern."

We give among the selections a greater part of his chapter on education as a predisposing cause of insanity, as we think it of especial value.

The following sensible remarks are made on self-education:

"Another common example of over-work is that seen in the self-educated man, who so frequently has an unbounded desire for knowledge, but does not know how to acquire it. He has a great idea that knowledge of facts is education, and looks with contempt upon the older universities and schools as mere excuses for passing time for the *jeunesse dorée*. He cannot see that education literally and really means the development of all sides of his character, and that mere special culture will fail to make a learned man. The effects of solitary self-culture are worse if begun after the plastic youthful nervous system has taken its form, as it is hard to change its figure after it has once hardened into habit."

We must close our review of this valuable book, and wish that not only the medical profession, but also the intelligent laity, may have an opportunity of reading it.

A Handbook of Pathological Anatomy and Histology. By FRANCIS DELAFIELD, M.D., and T. MITCHELL PRUDDEN, M.D. William Wood & Co., New York.

This is the second edition of a manual published by Dr. Delafield some years ago. The latter we have constantly used, and have found it of great service in the *post-mortem* room.

The present work is so much improved and enlarged as to form an almost new book. It is intended not only for reference as to the gross lessons, but also as a text-book of pathological histology. The illustrations, 146 in number, are quite original and give an excellent idea of the microscopical anatomy of diseased structures.

"The work comprises instruction in the methods of making *post-mortem* examinations, of preserving diseased tissues, and of preparing them for microscopical examination; and of preparing and examining bacteria; an account of such general processes as inflammation and degeneration; a description of the tumour of the lesions of all the different parts of the body, of the general diseases, of violent deaths, and of deaths from poisoning."

We would especially recommend the book to those who have frequently to make *post-mortems* for coroners, as well as to those practitioners who wish to keep up with the times in pathological histology. It is also an excellent text-book for students.

The Principles and Practice of Gynæcology. By THOMAS ADDIS EMMETT, M.D., LL.D., Surgeon to the Women's Hospital of New York, etc. Third edition. Philadelphia: Henry C. Lea's Son & Co. Toronto: Vannevar & Co.

The author of this excellent work has long since been fully recognized as one of the most careful observers, one of the most faithful and original workers, and one of the most scientific gynæcologists of this or any age. The former editions are well known to the profession, but great advances are being made in this department, evidences of which are abundantly present in this volume; and this, the third edition, may almost be considered a new work on gynæcology. The chapters on pelvic cellulitis, and lacerations at the vaginal outlet and through the sphincter ani, and perinæum are especially interesting and valuable. Considering the book as a whole, we may say that it is beyond all praise that we can bestow, and will add much to the fame of its worthy and distinguished author.

Personal.

Dr. Martin, late resident assistant in Toronto General Hospital, is now practicing at Erin.

Drs. Lesslie and Ryerson, of this city, have left with the troops for the North-West.

Dr. Harrison Allen, Professor of Physiology in the Medical Faculty of the University of Pennsylvania, has resigned.

Dr. Wm. A. Goodall (Toronto, '84) passed the final examination in the King's and Queen's College of Physicians in Ireland.

Drs. Davidson and Furrer have been admitted to the membership of the Royal College of Surgeons.

At the annual meeting of the Toronto School of Medicine Medical Society the following were elected officers for the ensuing year:—President, Dr. W. H. B. Aikins; 1st Vice-President, J. W. Mustard, B.A.; 2nd Vice-President, J. Leeming; Corresponding Secretary, D. R. Johnston; Recording Secretary, J. Vrooman; Cuvator, J. Halsted; Treasurer, J. Weir; Councillors, G. H. Shaver, H. O. Scadding, J. Jones, J. Rea, R. Charters.

Miscellaneous.

Billroth has operated eighteen times for resection of the stomach.

The Rush Medical College of Chicago recently graduated a class of one hundred and fifty-one members.

FISSURED NIPPLE.—Nitrate of lead ointment has been recommended recently as valuable in this painful condition.

SUICIDE OF A MEDICAL STUDENT.—The report reaches us that a young medical student, in St. Louis, Mo., medical college, shot himself on March 2nd because he had failed to pass his examinations.

The number of medical diplomas granted in France for the scholastic year 1883-1884 is 510. Of these 384 were conferred on the graduates of Paris schools.

An exchange remarks that, "rich folks do not hire poor doctors to cure them. A doctor to cure rich folks must live in a fashionable street, in an expensive house, and elegant style."

At the trial of Dr. Buchanan and Madame Russell for issuing bogus medical diplomas, Madame swore that "M.D." attached to her name on the sign meant "money down." Buchanan was found guilty, and Madame Russell acquitted.

DIAGNOSTIC DREAMS.—Typhus fever is marked by short, delirious, broken dreams. Remittent fever by long, dolorous, painful dreams. Scarlet fever by realistic dreams, excited by surroundings. Herein are suggested some suitable points in diagnosis.—*Med. World.*

At the University of Berlin, 5,066 students are inscribed in the books for this term, of whom 1,133 are students of medicine; of these, 128 are non-European, 112 being American, 15 coming from Asia, and one from Africa. In Leipsic, out of 3,281 students, 695 are medical students; at Königsberg, there are 247 medical students, out of a total of 879; at Würzburg, 740, out of 1,280; at Breslau, 378, out of 1,389; at Halle, 298, out of 1,631; at Tübingen, 185, out of 1,237.—*British Medical.*

A gardener named Croulebois, living at Meudon, has met with his death in a singular manner. He was knocking down nuts from a tree, and, in order to aim with more certainty, climbed into the tree, and kept his face uplifted. A nut suddenly fell on the right eye and crushed it. He was immediately removed to the hospital, suffering intolerable agony. Excision of the eyeball was attempted but found to be impossible; cerebral congestion set in, and the sufferer died.—*British Medical.*

AN EXCUSE FOR DELAYED CALLS.—This story is told as illustrating the ready wit of the late Dr. Howard, of Chelmsford. He had for a patient a very pious woman who lived in Billerica, who sent for him one day quite urgently,

He did not respond so promptly as his patient desired, and when he did arrive she upbraided him sharply. "When I send for a doctor," she said, "I expect him to come right away." "But, my dear madam," he replied, "what does the Good Book say about it?" "I didn't know the Good Book referred to the subject," she testily replied. "Yes, it does," retorted the doctor, "it says the expectation of the wicked shall be cut off." The old lady was mollified.—*Exchange.*

COOKERY-LESSONS FOR STUDENTS OF MEDICINE.—Considering the important part played by the medical profession in the matter of ordering suitable diet for patients, we are glad to observe that, in Edinburgh, medical students have now an opportunity of learning practically how the foods appropriate to the invalid are prepared. The Edinburgh School of Cookery has, during the present session, given four lessons in the preparation of food and drinks in the large theatre of the Royal Infirmary. The lessons were well attended and highly appreciated. Among other things, the preparation of beef-tea, beef-jelly, milk-jelly, gruel, and milk-gruel, and self-digested farina, were shown, and students were invited to examine for themselves practically the various diets ordered for patients. Such a practical course should, we think, be almost made compulsory, or, at least, students should be strongly advised to avail themselves of the course by their professors and lecturers.—*British Medical.*

THE PRECARIOUSNESS OF A PHYSICIAN'S INCOME.—No profession suffers more than ours from the financial pressure incident to sudden failure of health, to accident and to misfortune occurring in the course of a professional career. The medical man, unlike the trader, must earn his living with his own brain and his own hands. When he is disabled only temporarily in mind or body, his power of earning leaves him. A great merchant, when his physician expressed surprise at the serenity with which he bore a long continued illness, answered, "On my sick-bed I have the consolation of knowing that others are toiling for me day and night;

manager and clerks working in my office, ships bringing my merchandise over sea, to the markets, and sellers earning me money, and keeping my children, even when I lie here disabled." The medical man has no such comfort. For him the suspension of working power means the suspension of earning power. Bodily pain is only too often intensified by mental suffering and financial worry, and the same blow which affects his physical well-being often shatters his prospects in life, and leaves him more or less helpless. Even in temporary emergencies, the necessity of paying for a substitute at a time when his earnings are diminished, greatly adds to his cares, and tends rapidly to exhaust his resources.—*London Medical Times*.

"The following case is reported from Bangkok, Siam, and may be relied on as authentic:—About three months ago a native was attacked with cholera. An American missionary attended him, and administered all medicines he could, but at last the man was so far gone that they gave up all hopes of recovery, and would do no more. Relatives of the patient begging the doctor not to give him up as lost, the doctor thought of Horsford's Acid Phosphate. After the second dose the patient commenced to revive, and in six hours he was pronounced out of danger.—*Adv.*

TO THE MEDICAL ELECTORS OF KINGS AND QUEEN'S DIVISION.

GENTLEMEN :

Ten years have now elapsed since I addressed you as a Candidate for this Division, since which time I have closely attended to your interests as your representative in the Medical Council ; whether I have succeeded in fulfilling these duties—my record is before you ; you are the judges. I have again been solicited by a highly respectable number of my professional brethren to offer myself again as a candidate for your suffrages in 1885. It is very gratifying to me to have such a respectable number of my friends come forward, many of whom, unsolicited, have appended their signatures to my nomination paper. Some time ago I had every intention of retiring from the responsibilities of

office ; but, when so strongly urged once more to enter the arena, I could not do otherwise than allow my name to be used for that purpose. Many of you have certainly given me more credit than I deserved for alleged zeal in your behalf. Allow me to state that I have always been devotedly attached to the medical profession, not so much for the emoluments as for the scope which it offers for mental gratification in the cause of suffering humanity, both by night and by day—although we sometimes receive the doubtful honour and unmerited abuse from many of those whom we often risk our own lives to serve, without any reward whatever. However, we have hours of happiness in the thought of doing more real good to mankind than all the other professions put together.

It is altogether unnecessary for me to say much on the duties devolving on the Members of the Council ; permit me only to say, that it is in contemplation to have the Medical Act amended. Some of those amendments I approve of—others seem to me of rather doubtful propriety, such as the increase in our annual assessment. I have not yet seen any medical man in this Division who approves of such a step. The law also ought to be amended whereby actions for malpractice shall be brought within a limited time, and security given by the plaintiff for costs incurred in the bringing of such suit, as in the majority of cases tried the plaintiff is some miserable creature, with scarcely the coat on his back or even the will to earn it—to say nothing of the trouble and expense to the defendant, whether he is successful or not, and on whom, not unfrequently, ruin is entailed and probably his prospects blasted for life.

There are other improvements that might be stated, the nature of which I shall not enter upon ; but, if you should feel at liberty to tender me your vote, it shall be my pleasing duty to do everything in my power to promote the honour and dignity of the profession generally.

Thanking you for the confidence you have so long reposed in me, I have the honour to be,

Gentlemen,

Yours sincerely,

W. ALLISON.

Bowmanville, March 9, 1885.

THE Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS AND PROPRIETORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.O.P. London.

W. H. B. AIKINS, M.D., L.R.O.P. London.

SUBSCRIPTION, \$3 PER ANNUM.

Literary Communications may be addressed to any of the Editors. *All Exchanges and Business Communications* should be addressed to DR. W. H. B. AIKINS, 40 Queen Street East.

TORONTO, MAY, 1885.

Original Communications.

EMPHYEMA.

BY A. B. ATHERTON, M.D., L.R.C.P. & S. EDIN.,

TORONTO.

(Formerly of Fredericton, N. B.)

CASE I.

1879, Oct. 9th. J. S., aged 9 years, male. Patient was brought to my office from the country to-day, with the following history: Five months ago had an attack of illness, accompanied with fever and pain in left side. After a few weeks got somewhat better, and was able to go out of doors as usual. About two months ago had a renewal of attacks, and this was accompanied with, and followed by a chilly feeling every afternoon. The latter has continued up to the present time. For the last six or seven weeks has been under homœopathic treatment, the physician stating that the left lung was "hardened," and giving the parents little hope of recovery.

Present condition.—Fairly nourished; has a slight, dry cough; pulse, 124; temp., 101.5°. On examination—apex beat of the heart to right of sternum; veins over left chest are fuller than normal; if anything, right side of thorax measures more than left; perfect flatness over two-thirds of left side of the chest; line of dulness seems to change a little with change of position; little or no respiratory sound over dull part; ægophony at middle of posterior left thorax; no râles anywhere.

Patient was sent to a boarding-house in the town, whither I soon followed. Chloroform being given, I thrust needle of aspirator into lower left axillary region, and twenty-four ounces of thick greenish pus was withdrawn. Puncture covered with a bit of adhesive plaster.

Oct. 10. Is dressed and sitting up; vomited a little after chloroform; temperature normal; respiration heard fairly all over left side, accompanied by moist friction sounds; considerable dulness still present on percussion.

Oct. 12. A little more restless last night than he has been since operation; pulse, 116; temp., 99°; has not had his customary chills and feverishness since tapping.

Oct. 15. Since last report fever has again manifested itself in afternoons; pulse, 128; temp., 100.5°; dulness over left side is about the same as at first; little respiratory sound got over dull portion of chest.

Operation.—Chloroform; opening made, under carbolic spray, between sixth and seventh ribs in axillary region and rubber drainage tube inserted; about sixteen ounces of pus flowed out; carbolized-oil dressing, and over it a pad of oakum.

Oct. 16. Slept fairly well without opiate; some vomiting; pulse, 112; temp., normal; side dressed last evening and this morning.

Oct. 19. Doing well; pulse, 110; temp., 99°; side dressed once a day now; urine is dark and smoky.

Oct. 20. Urine as it was yesterday; carbolized gauze substituted for the carbolized-oil dressing. There is less than one ounce of dis-

charge in 24 hours. Patient is up and about the house.

Oct. 22. Urine much improved in appearance since change of dressing; pulse, 108; temp., 98°; was out of doors yesterday in the sun.

Oct. 26. Doing well; pulse, 112; temp., normal; appetite has been voracious for last few days; oakum dressing alone used.

Oct. 30. Has been playing out of doors for an hour or more a day since last report; parents wish to take him home; may do so.

Nov. 15. Brought into town to see me to-day; has gone about almost as if well since he has been away; appetite excellent; temp., normal; not much change in quantity or character of discharge since last report, about half an ounce in the twenty-four hours; never has had any cough since operation; heart beats in about its normal place; probe passes three-and-a-quarter inches in an upward direction; a smaller drainage tube inserted.

1880, Jan. 5. Again brought to see me. For several weeks the discharge has been very slight, and, according to directions, his mother has shortened tube several times till now it is not more than an inch long. Patient looks the picture of health; probe enters one and a-quarter inches; a very small drainage, one inch in length, put in; granulations touched with lunar caustic; tube to be removed altogether in a few days, if discharge continues slight.

May. Learned that boy soon got entirely well, and has continued so.

CASE II.

1882, Sept. 14. H. T., aged 2½ years, male; generally healthy; family history fairly good: Five months ago patient had a serious illness which was termed "congestion of lungs;" was very ill for seven or eight weeks, when he improved considerably. He did not, however, get quite well, but has remained for two or three months much the same, being emaciated, pale and weak, and not inclined to be down much on feet; he has had more or less cough from the first; of late it has been of a spasmodic character, and has lasted from a few minutes to an hour or more. There has been no *apparent* fever for the last few weeks, but he

sweats a good deal about head and neck at night.

About ten days ago he was sent by his attending physician (one of the leading practitioners in a neighbouring city) to Fredericton for a change of air.

I was first sent for to-day because of an unusually protracted and severe fit of coughing, which had lasted for two or three hours almost continuously; pulse is feeble and rapid.

On examination—Apex beat of heart found to *right* side of right nipple, although the heart sounds could be heard more or less distinctly over left side of chest; entire absence of respiratory sounds on front of left chest, but fairly audible posteriorly; on the right side there was an exaggeration of the normal respiratory murmur; no râles; vocal resonance heard more or less distinctly on left side, though rather faintly in axillary and pectoral regions; no ægophony; measurement about equal; left chest more prominent than right, and superficial veins over it enlarged; epigastric region unusually full and bulging.

Chloroform given, and needle of aspirator inserted just below, and an inch or more to outer side of, left nipple; sixteen ounces of thick greenish pus drawn off; a piece of adhesion plaster applied to puncture.

Sept. 15. No vomiting; rested well; not so much cough; pulse, 120; apex beat of heart to *inner* side of right nipple; left side of epigastric region less prominent; veins not so large; some respiratory sounds now heard over left front of chest.

Sept. 19. Has had very little cough since he was tapped, but physical signs of effusion are returning.

Sept. 28. Cough has been worse for a few days; pulse, 136; temperature cannot well be taken on account of nervous fear of patient; much the same as previous to operation as to physical signs.

As I had got out of gauze dressing, and did not care to use carbolized oil on so young a child, I again aspirated side as before, about the same quantity of pus being removed.

Sept. 29. Much brighter to-day; pulse, 120.

Oct. 2. Cough has not been so much relieved as after first operation; pulse, 120; some

subcrepitant râles or moist friction sounds heard at bottom of both sides of chest, posteriorly; to have some cod liver oil emulsion two or three times a day, if patient can be got to take it.

Oct. 10. Coughs a good deal still, and vomits pretty often after meals, either on account of cough or because of a crumb in throat; mucus mixed with food brought up; little or no pus seen; pulse, 130; effusion don't seem to have returned as speedily as after first tapping; apex beat of heart is still to inside of right nipple.

Oct. 20. Cough and vomiting still continue; also some looseness of bowels for a day or two; omit cod liver oil and be careful as to diet; pulse, 136; patient is losing in flesh and strength.

Oct. 25. About the same; apex beat of heart rather more to right.

Operation.—Chloroform; an opening made, under spray, between fifth and sixth ribs, an inch or more outside of left nipple; about thirty ounces of pus was let out; rubber drainage tube put in, two and a-half or three inches in length; end of it turned inside out and a silver pin put through it to prevent it slipping inside of chest; also, as an extra safe-guard, a piece of silk thread fastened to it (the same means were employed in Case I.); carbolized-gauze dressing applied.

Oct. 27. Some vomiting since operation, but otherwise much better; the discharge has been, however, of a dirty blackish hue; also urine stains napkins of a purplish black tint; salicylic silk applied next skin with a pad of oakum over it.

Oct. 28. Sits up every day as usual; vomiting has ceased; discharge much less dark in colour; urine natural-looking; wound has required dressing once or twice in twenty-four hours.

Nov. 3. Doing well; appetite excellent for last five days; little or no cough; pulse 136.

Nov. 9. Got down on floor and took a few steps yesterday; is very weak and shaky, however; complains of pain in region of wound at times, which I attribute to a tendency for tube to be drawn inwards so as to bring pin too much down into the granulations; I therefore put an oval shield of lead over end of tube,

leaving pin in as before, but outside of lead of course.

Nov. 14. Doing well; pulse, 136, temp., 100°; picking up in flesh and strength; appetite good; about half an ounce of pus discharged in twenty-four hours.

Dec. 9. Not so much discharge as usual on dressings to-day, and on removal of tube about a tablespoonful issued forth from chest; probe passes two and a-half inches or more upwards and outwards; rubber tube has been shortened several times till now it is not more than one and three-quarter inches in length; pulse, 136; temp., 99.5°.

Dec. 30. Doing well, as to general condition; runs all about the house now; about two drachms of pus discharged per day.

1883, Jan. 11. A drachm or two of pus seems every now and then to be retained in chest, which flows out on removal of tube; space between ribs is very small, and I suspect that the tube is compressed too much by them; I therefore cut a strip out of a quill longitudinally and inserted the larger portion of the quill in the tube, so as to aid by its elasticity in keeping sides of tubes apart, while at the same time the thinness of the quill would not obstruct materially the flow of pus.

Feb. 13. There has been much less tendency for any matter to collect since use of quill, only a teaspoonful or a little more discharged in twenty-four hours, and that amount has continued with little variation for the past two or three weeks; tube removed and left out.

Feb. 21. Discharge has gradually diminished till now there is only a mere stain on dressing; general condition excellent; probe passes into sinus two inches, but no pus follows its withdrawal; granulations touched occasionally with nitrate of silver; right side of chest measures one inch more than left; resonance on percussion and respiratory sounds not so good on left side as on right, but both have much improved in character.

March 17. Seems quite strong and well, but still a little pale; side all healed; leaves for home by train to-day.

Remarks.—It will be seen from the above reports that there was no increase in the measurement of affected side of chest over

the opposite one in either case. And such, I believe, is the general rule in long standing effusions in children, being due, probably, to the increased expansion of the healthy lung, which, in its turn, produces such a yielding of soft cartilages of the young subject that the sound side may even increase more than the diseased one.

The opening in chest was made more anteriorly than usual in Case II., because I thought that the empyema was more or less encysted and the pus chiefly laid towards the front.

As to the non-use of injections to wash out the pleural cavity, I may say that, with the exception of my first case of operation eleven years ago, I have not employed them at all. I found that in that patient so much fatigue and worry were caused by their use that I was obliged to give them up, and from subsequent experience in six other cases, I believe that they are seldom advisable or requisite. Out of my seven operations only one patient died, and her case was one of empyema, following immediately upon a pelvic abscess, and where after considerable improvement in her general condition, death was brought about by a severe diarrhoea due to eating freely of green vegetables. It is considered by some especially necessary to wash out the chest with antiseptic fluids in all cases where the pus is foetid. But I may mention the fact that in one of my cases in which there was the most horrible foetor, the latter had entirely disappeared after a few days dressing with carbolized oil.

Finally, I would call attention to the use of the lead shield and the piece of quill in Case II. I am quite sure that the former added much to the ease and comfort of the little patient while playing actively about the house; while if some such means as the use of the latter had not been devised, I believe that a piece of a rib would probably have required excision in order have ensured the free exit of discharge. The elasticity of the quill seemed to answer the purpose of keeping the rubber tube patent admirably, and it was at the same time so yielding that it accommodated itself readily to the movements of the ribs without causing pain to the patient.

REPORT OF THE COMMITTEE ON MEDICAL ETHICS.

(Read before the Ontario Medical Association, held at Hamilton on the 4th and 5th of June, 1884.)

President and Gentlemen,—Your Committee on Ethics beg to report:

1st. That several cases have come under their observation, where the medical consultant has afterwards assumed the duties of attending physician or surgeon and taken charge of the patient. That there seems to be no definite idea among the members of the profession that the practice is objectionable or contrary to medical etiquette; and, moreover, that there is no clause in the code of ethics of this association prohibiting such practice, the only allusion to the point being made in Clause 9, of Article IV., which reads thus:

‘Your committee would therefore recommend that this association make an addition to Article IV., either as an addition to Clause 9 or as a separate clause, numbered 10 or 11; or if not thought advisable to change the code of ethics, the association might put it in the shape of a by-law or resolution.’

The following is the addition proposed:

“That once a member of the medical profession has seen a case in consultation, he shall not visit the patient again (except in case of emergency), and shall not, under any circumstances, assume the position of medical or surgical attendant during the same illness.”

2nd. Your committee has also been informed that there has been a great abuse of privileges by druggists. That druggists are in the habit of making use of physicians' prescriptions for their own gain, *i. e.*, when a patient presents a prescription the druggist makes enquiry as to the nature of the disease from which the patient is suffering, and then prescribes and furnishes others, with like disease, the same prescription. Your committee is of the opinion that the association should adopt some means of preventing this custom.

Under this head, your committee wish strongly to condemn the practice of physicians receiving a commission, percentage or consideration of any kind from druggists on prescriptions sent to them to be dispensed.

3rd. The attention of your committee has

been called to an evil which appears to be a growing one, and that is that the daily newspapers, which appear to be always anxious to obtain as many items as possible, contain detailed accounts of surgical operations from time to time, with the name of the surgeon and very minute details of the operation, leading to the suspicion that they were furnished by the operator himself. Your committee are of opinion that it would be well for the association to express a very decided opposition to such proceeding.

4th. The following resolution, passed by the H. M. & S. S. two years ago, was never reported to the association by your committee on ethics.

Moved by J. A. Mullin, seconded by James Leslie, and resolved, That the attention of the chairman of the Committee on Ethics of the Ontario Medical Association be called to the fact that in the *Canada Lancet*, controlled by a member of that association, editorials have appeared favouring and upholding consultations between members of the profession and homœopaths. Your committee think that the association should discuss the subject, although the practice is already condemned by the latter part of Clause 1, Article IV.

A CASE OF INTESTINAL TUBERCULOSIS.

BY DR. M'PHEDRAN.

(From the proceedings of the Toronto Medical Society.)

Emma D., aged 16, a strong, robust girl prior to her last illness. Her father is strong and healthy, but his people died comparatively young, many of them of phthisis—family history otherwise good.

In August last she had occasional attacks of abdominal pains. By September the attacks were more frequent and severe, with looseness of the bowels—the stools are said to have contained "slime," but no blood. She became pale, lost strength, but appetite was good. In November, right arm became paralyzed; recovered in a week, and again became paralyzed, from which it gradually recovered except some numbness in region of distribution of ulnar nerve.

From this till 25th February, when I first saw her, she grew gradually worse. Diarrhœa had been persistent; appetite good, especially for solids; lately feverishness; no night sweats or cough. I found temperature $101\frac{1}{2}^{\circ}$; pulse 128, weak and small; respiration 18. Tenderness in the umbilical and epigastric regions. The surface generally hyperæsthetic. Liver and spleen apparently normal. There was inflammation of left femoral vein with œdema of leg. Tongue smooth, margins excoriated. Heart, apex beat in 5 interspace, greatest impulse in 4th internal to nipple line—no murmur. Urine normal but quantity small. Examination of lungs gave negative results. The emaciation was not at all marked.

Diagnosis.—Tuberculosis of intestines probably. Possibly carcinoma.

Fluid extract of colo bark controlled the diarrhœa. The motions were seen a few days after this and were quite healthy.

Feb. 28th.—Dr. Nevitt saw her in consultation, and agreed to the diagnosis of probable tuberculosis. He suggested the possibility of anæmia.

After a few days the right femoral vein inflamed, and became dropsical. The blood was examined and the red corpuscles found three-fifths normal size, fairly regular in shape; no increase in white; there were no rouleaux found; some tendency to irregular grouping. By Gower's hæmacytometer there were 3,000,000 to the C.C.M.—three-fifths the normal number.

For some weeks there have been slight hæmorrhage daily from the nose and mouth. She often has epigastric pain after food—has a great deal of pain in different parts.

She grew gradually worse during March—there was temporary paralysis of various parts at different times. As she grew weaker there was marked dyspnœa on exertion—the great hyperæsthesia rendered careful examination of the lungs impossible. There were no night sweats. The temperature varied from normal to $103\frac{1}{2}^{\circ}$ —the bowels became very loose towards the end. Dropsy of legs greatly increased and ascites developed.

For the last few days there was a great deal of cough, with sero-purulent expectoration in which no bacilli could be found. Many pete-

chial spots formed on abdomen and thorax. A small bed sore formed. Death took place on the 9th April.

Post-mortem twenty-four hours after death.—

Body not greatly emaciated; legs very œdematous; abdomen distended and tympanitic; muscles very pale, little subcutaneous fat; thorax, on opening left pleura some gas escaped; apex of left lung firmly adherent to chest, infiltrated with tubercular deposit; four ounces of fluid in pleura; right lung universally adherent; apex, tubercular; cavity, size of walnut at outer and lower part of upper lobe; heart very small, pale, and collapsed; valves, healthy; two ounces in pericardium; abdomen, scarcely any fat in omentum; intestines distended with gas; small intestines seat of extensive tubercular deposit; convolutions adherent to one another; some flocculent fluid in peritoneal cavity; liver much enlarged, very pale, probably fatty; spleen slightly enlarged and soft, almost diffuent; kidneys, suprarenal capsules, uterus, ovaries, healthy. The femoral and iliac veins thickened and filled with partially organized clot; vena cava filled up to near the heart with a firm white clot.

The chief points of interest in this case are the latency of the pulmonary symptoms, the double crenal phlebitis and the results of examination of the blood. Had the pulmonary changes been detected, there would have been no room for doubt as to the disease. The behaviour of the red corpuscles in the field of the microscope was similar to that found in idiopathic anæmia, but the size of the corpuscles was too uniform. The phlebitis is rare in either disease, but is frequent in abdominal carcimonia. The absence of signs of tumour or symptoms of intestinal obstruction rendered such a diagnosis improbable.

CAN'T BE TRUSTED.—“I tell you, sir, no woman can be fully trusted!” exclaimed a cynical man to a friend. “Why, just look at poor Sniffson. Didn't he love that wife of his? Didn't he think that nothing was too good for her? And how she has requited him!” “How?” asked the other. “Gone and had twins—these hard times.”

LOCAL TREATMENT OF SPERMATORRHOEA.

BY W. H. B. AIKINS, M.D., L.R.C.P. LOND.

(Read at Ontario Medical Association, Hamilton.)

The study of spermatorrhœa has been beset with not a few difficulties on account of a deeply rooted prejudice in the minds of many members of the profession against publications treating on the subject. But the lack of interest in the investigation of spermatorrhœa has now almost disappeared. Disorders of this class are realities, and merit the attention of the medically scientific. In this communication I wish to bring forward a method of treatment to which possibly you may not have had your attention directed, and which has been successfully used.

Patients have been regarded as having this affection whenever a mucilaginous fluid, having the resemblance of semen, is discharged from the urethra, though it may be and frequently is, prostatic secretion, and the microscope affords the only reliable means of determining that the discharge is seminal. On microscopic examination, spermatozoa, or clear rhomboid crystals—the so-called sperm crystals, may be seen. These latter are composed of phosphoric acid and magnesia. Ammonia was not found by Ultzmann to be a component part of the crystals. Trosseau, Ultzmann and some other writers make a distinction between pollution and spermatorrhœa; giving as a definition to the former the copious emissions of semen which take place, accompanied by erections and a high degree of orgasm, the emissions being caused by the contraction of the muscular tissue of the vesiculae seminales and urethra; and to spermatorrhœa, that flow of semen unaccompanied by sexual feelings and with relaxed penis. The semen may be voided while at stool and during micturition.

Cushmann speaks of nocturnal and diurnal pollutions and of spermatorrhœa, and considers the discharge as physiological and indicative rather of vigorous health than a condition of weakness, when the person experiences after the discharge a feeling of well-being, and as pathological when the discharge is followed by malaise.

The causes are usually divided into two

classes : those connected with a lesion of the central nervous system and those where there is local irritation. In central disease of the nervous system the seminal emissions may be but a symptom of the disease.

Trosseau says that the existence of locomotor ataxy is often announced by spermatorrhœa. It may occur in subjects of mental disease and in those who are hereditarily predisposed to such disease ; in these cases it is usually accompanied with polyuria—and in general paralysis of the insane which appears to be the result of sexual excess, whether in single or married life, there is frequently spermatorrhœa.

There are many conditions giving rise to local irritation which may occasion seminal discharge—ascarides, pruritus ani, elongated prepuce, herpes præputialis, stricture, hæmorrhoids, anal fissure, orchitis, constipation, and any cause which produces a determination of the blood to the sexual apparatus. Local irritation induced by sexual excess and masturbation causes an increased flow of blood to the parts, which may, and frequently does, give rise to a catarrhal condition of the prostatic portion of the urethra, and hyperannia and hyperæsthesia of the same.

Endoscopic examination is attended with many difficulties, depending on the character and duration of the disorder. The patients are generally extremely sensitive even to the appearance of instruments. Grünfeld, a most accomplished and enthusiastic endoscopist, says that in persons who have been addicted for some time to the practice of masturbation, there is marked hyperæmia of the veru montanum ; its bright red colour contrasts strongly with the dark shading of the upper urethral wall. The mucous membrane presents a catarrhal, swollen appearance and bleeds readily. The orifices of the ejaculatory ducts are more prominent and the edges thicker than normal. The mucous membrane pours out a cloudy secretion, which, on microscopic examination, was seen to contain pus corpuscles, pavement epithelia and an occasional spermatozoon.

Are we not warranted in considering from endoscopic appearances that the prostatic portion of the urethra is at fault, and in applying those remedies which are found to allay a

chronic inflammatory condition in mucous membranes of other parts ?

Experiments recently made on animals in the laboratory of Prof. Basch prove that irritation of the genital organs causes a marked lowering of blood pressure and a decrease in the temperature.

The treatment consists in removing the source of irritation, in giving tonics and certain drugs which reduce reflex irritability and augment arterial tension. Belladonnæ has been found by some to act beneficially. It causes a diminution in the secretion from the testicles and assists in reducing reflex irritation. When the hyperæsthesia is marked, unmedicated gelatine bougies, or bougies of cocoa butter containing extracts of belladonnæ and opium, may be used, and when the irritation is lessened the metal sounds can be brought into play, or what answers a better purpose, the "cooling sound." This instrument was introduced by Prof. Winternitz. It is a metal closed catheter, having two extra vesical openings and with a partition extending down the centre to within an inch of the bill of the catheter. Its calibre is about 9 English. Two pieces of tubing are attached to the openings. The catheter having been introduced, one tube is placed in a reservoir on a higher level than the catheter, while the second portion, attached to the other opening, has its end lying in a receiving vessel on a lower level. By sucking the lower portion of tubing a little, the water flows through the divided sound, imparting to the surface in contact with the instrument a uniform coldness, and it also exerts a pressure on the prostatic portion. The water should be warm and gradually reduced to cold. This "cooling sound" may be allowed to remain in from five to thirty minutes. When there is less hyperæsthesia, deep injections of a 3 or 5 per cent. solution of nitrate of silver may be made—the injecting syringe of Ultzmann seems to be the best. VanBuren and many others are of the opinion that the use of the solid nitrate of silver, as applied by Lallemand, is not justifiable, for fear of including the orifices of the ejaculatory ducts in an eschar and permanently obliterating them.

There is said to be considerable smallpox in Montreal.

Selections.

PROF. NOTHNAGEL'S IDEAS ON THE TREATMENT OF FEVER.

On the occasion of Dr. v. Jaksch presenting his experiments with thallin, the new antipyretic, to the College of Physicians, of Vienna, Prof. Nothnagel, one of the most eminent physicians in Europe, addressed the society on the abuses in treating typhoid fever and all other fevers. The great error of the day, he said, is, that the physician thinks the fever is to be reduced at all cost. If a physician is called to a patient and he finds an increase of the normal temperature, yet is unable to form a diagnosis at once on account of the absence of other symptoms—he orders quinine or another antipyretic, while in order to avoid risk to the patient, a small dose only of quinine is prescribed. But what is the benefit of such treatment? Does quinine act antipyretically in doses of 10 or 15 grains per diem? Certainly not; such medication cannot but injure the patient. Fever is by no means a phenomenon which has to be treated at all hazards, like its local occurrence in inflammation, for instance. Fever is one of those beneficent reactions that are compensatory in their nature; it is a bridge, as it were, for the transition of the diseased organism to its prior state of health. He referred to the interesting researches of Metchnikoff, according to which micro-organisms were prevented from propagating themselves by an elevated temperature. A reduction or entire abatement of the febrile temperature does not shorten the duration of a disease a single day. Some typhoid affections, indeed, which without any therapeutic interference proceed without fever, prove fatal from other intercurrent causes. Cases of persistent or very high febrile temperature only call for an antipyretic treatment. —*Wiener Med. Woch.*—*Therapeutic Gazette.*

A NOVEL ANTIPYRETIC TREATMENT.

Dr. Stephan, of Ilsenberg, has proposed a novel method of reducing febrile temperature by the application of ice bags to the neck and supra-clavicular space, made so as to fit closely to this region. The great number of large superficial vessels in this locality of course

renders the latter peculiarly eligible for this topical application. Stephan has treated several typhoid fever cases in this manner, and never had to deal with high temperature nor grave nervous symptoms. The simplicity of the treatment and ease of its application, ought to induce to a trial of Stephan's method.—*Allg. Med. Central Zeitung.*—*Therapeutic Gazette.*

RARER ACCIDENTAL EFFECTS OF SALICYLATE OF SODIUM.

The extensive use made of the above medicine, and the large doses now administered, make it desirable that the rarer accidental effects should be widely known, especially as they simulate the symptoms seen in the eruptive fevers, are of a very grave nature, and have in a few instances led to a fatal issue. The more common symptoms—profuse perspiration, headache, tinnitus, vertigo and delirium of a highly exciting nature, nausea, vomiting, and diarrhoea—are well known. In the *Medical Chronicle* for December, Dr. Dreschfeld calls attention to the rarer effects, such as rise of temperature to 104° or more, erythema and urticaria, dyspnoea with great oppression and anæsthesia. He reports several cases in which one or more of these symptoms followed ordinary doses. In one case in which the salicylate was given in nephritis after diphtheria, the above symptoms appeared in an alarming manner. It looked like a case of pyæmia and pyelitis. When quinine was substituted in a few hours there was marked improvement. A day or two after salicylate was again given and produced the same alarm. The drug was again stopped and the patient improved. Twice after this an attempt was made to give the salicylate, but each time the idiosyncrasy seemed to increase, and it had to be abandoned.—*Therapeutic Gazette.*

LOCAL SWEATING BY PILOCARPINE. — Dr. Baux, of Lyons, in his *Thèse inaugurale*, shows that the action of pilocarpine can be limited to local sweating. He used one or two drops of the nitrate solution, equalling $\frac{1}{4}$ to $\frac{1}{8}$ grain. Aubert made the following experiment: After placing a few drops of weak solution of pilocarpine in a glass of water, he plunged the point of a needle in it and pierced his skin. Small drops

of sweat appeared at once over the region of the lesion, covering a zone as large as a franc piece (quarter). There was no salivation, lachrymation, or reduction of the arterial tension. Dr. Baux claims that this method of using pilocarpine is applicable to all local congestions and inflammations.—*Therapeutic Gazette*.

THE TREATMENT OF PHTHISIS.

The treatment of phthisis is thus detailed in the *Edinburgh Medical Journal* by Dr. F. P. Atkinson :

First, then, I would say, it appears to me of little or no consequence what form of phthisis we are called upon to treat, and that the following remedies will be found suitable, with slight alteration, in all stages of the disease. Give syrup of the lacto-phosphate of lime and iron one drachm (concent.); tincture of nuxvomica five minims; tincture of calumba fifteen to twenty minims, with a little essence of lemon and water to the ounce, three times a day. A teaspoonful of pancreatic emulsion carefully mixed with water, or teaspoonful of Lœfflund's condensed cream emulsion, or half a pint of koumiss once or twice a day. If the appetite is bad to start with, keep the patient well supported with Brand's essence of beef, or better still, Valentine's meat juice, and milk; and if stimulants are necessary, give half a sherry glassful of St. Ræphael wine twice a day. Paint the chest morning and evening with tincture of iodine till sore, then omit for a time, and afterwards commence the painting again. If there is much sweating at night inject a hundredth part of a grain of atropia subcutaneously, or, especially if the cough is very troublesome, give ten grains of Dover's powder at bedtime. In the commencement of an acute attack, or when any outburst of pyrexia occurs, it may be necessary to give large doses of quinine and digitalis (as much, for instance, as two grains of the former, and five or seven minims of the tincture every two hours), in order to bring down the temperature; but still it must be remembered that treatment to be successful must be directed towards a general increase of nutrition. This holds good whether phthisis be proved to be due to germs

or not. If there is much hemoptysis, give either some hazeline or acetate of lead and opium. When vomiting has been a very urgent symptom, I have found Dr. Hughes Bennet's treatment of great service, viz., ten minims of medicinal naphtha, one drachm of the compound tincture of cardamoms and camphor mixture to the ounce, to be taken every four hours.

In most cases I have been able to get on very well without inhalations, but have no doubt they might here and there—such as, for instance, where there are very large cavities—prove of very great service. It is astonishing how many really bad cases improve under the above method of treatment; but it is, unfortunately, not altogether suited to the poor on account of the expenses which it involves, yet even they, with continued use of the lacto-phosphates, not unfrequently undergo very material improvement. I consider the lacto-phosphates in every way preferable to the hypophosphites, and there can be no doubt we are deeply indebted to Dr. Dusart for such useful and extremely pleasant remedies. As he says, "they act as excitants of the nutritive functions, ensure digestion, bring back or increase the appetite, and generally improve the vital energies."—*Weekly Med. Review*.

THE TREATMENT OF LOCOMOTOR ATAXIA.

Some recent communications (Schmidt's *Jahrbücher*, Nov. 28, 1884) on the treatment of tabes, seem to warrant the hope that the gloomy view formerly held of the value of therapeutic measures may be dissipated. Enlenberg, whose diagnostic powers on this disease will not be questioned, has reported five well-marked cases in which an almost perfect cure was obtained. One woman, 45 years of age, after treatment by hot water in Chapman's bag to the spine, and galvanism, improved greatly, and this improvement became still more marked when nitrate of silver was added to the treatment. In eleven months the only remaining symptom was paræsthesia of the right foot, and after five years a well-marked knee-reflex could be detected. Eight years later the patient was still in perfect health.

Enlenberg shows that, as a rule, no benefit can be expected from the internal administration of nitrate of silver, for the salt is decomposed, and forms an insoluble compound in the alimentary canal. The subcutaneous use is accordingly recommended in $\frac{1}{4}$ to $\frac{1}{2}$ per cent. solution of nitrate in 1 per cent. solution of the phosphate of silver, or in the form of solution of the albuminate. The latter causes less irritation. With this treatment should be combined sulphate of strychnia in 1 per cent. solution subcutaneously, and the application of heat to the spine; or, the nitrate may be made into pills with white clay, given on an empty stomach and followed by the drinking of milk. This forms an albuminate which is readily absorbed. —*Abstract from Therapeutic Gazette.* R. Z.

THE ABORTIVE TREATMENT OF DIPHTHERIA.—In a brief communication to the *Berliner kin Wochenschrift*, for January 25, Dr. Coestes, of Bierbrich, adds his testimony as regards the efficacy of the abortive treatment of diphtheria by calomel. He has recently treated five cases, including his own, by the administration of 15 grains of calomel, generally in three doses, closely repeated. Only one terminated fatally, and in that the trachea was so much obstructed when he was called, that tracheotomy seemed inevitable. Succeeding the administration of calomel, however, with frictions of mercurial ointment and inhalations, the dyspnoea grew much less. Ultimately, however, the operation was performed, and the child died on the seventeenth day. The remaining cases all recovered, and Dr. Coestes justly says no one can take it amiss if he, in consequence, has had his faith in the abortive treatment strengthened. —*Med. News.*

HAMAMELIS VIRGINICA AS A HÆMOSTATIC.

In the *Journal de Médecine de Paris*, Jan. 24th, 1885, Dr. Cazenave de la Roche contributes a clinical note on the action of hamamelis on dilated veins and as a hæmostatic. After reciting a case of a man, aged 35, who had suffered from atonic gout, pleuro-pneumonia, and finally phthisis, with all its characteristic symptoms, and who suddenly was

attacked with violent hæmoptysis, which, after twenty-four hours, became passive, he says: "In endeavouring to control it, I exhausted all that the pharmaceutical arsenal contained of astringents, revulsives, even hypodermic injections of ergot. Vain efforts. At the end of my resources, and recollecting the elective affinity that Hamamelis Virginica seemed to have for the venous system, and which I had already recognized in another case, I gave the patient 25 drops of the tincture of the flowers of hamamelis, to be taken every hour in a tablespoonful of water. At the fifth hour the hæmoptysis closed as by magic. I nevertheless continued at longer intervals. The hæmoptysis did not return. The elective affinity of hamamelis for the venous system became known to me by its astringent resolute action on the varicose veins of the posterior part of the pharynx in phthisical patients, and which cause so much of the painful discomfort that they feel in the throat.

Tincture of hamamelis has also rendered me valuable service in the menorrhagias which so frequently accompany the menstrual epochs in anemic and chlorotic women.

In conclusion, I will call attention to the resolute action of this remedy in local phlebitis, such as varicose veins of the leg, phlegmasia dolens, etc. As to its affinity for the venous system, I leave it to the chemists to decide if we should attribute it to the tannin or to some other constituent part of the plant. The clinical view alone interests the physician."

R. Z.

BACTERIA AT DIFFERENT ELEVATIONS.—Miquel gives us the following interesting table of the number of bacteria found in ten cubic metres of air, taken as nearly as possible at the same time in July, 1883:—

| Bacteria per 10 Cubic Metres. | |
|---|----------|
| 1. At an elevation of from 2,000 to 4,000 metres..... | None. |
| 2. On the lake of Thun (560 metres) | 8.0 |
| 3. Near the Hotel Bellevue (Thun, 560 metres)..... | 25.0 |
| 4. In a room of the Hotel Bellevue, | 600.0 |
| 5. In the Park of Montsouris, near Paris..... | 7,600.0 |
| 6. In Paris itself (Rue de Rivoli)... | 55,000.0 |

—*British Medical.*

ADDISON'S DISEASE.—At the autopsy made on a man, aged 33, who died in convulsions a year and a-half after the colouring of the skin commenced, the ventricles of the brain were found filled with serous fluid; the suprarenal capsules small, filled with detritus and fat cells, their walls thickened. The examination for micro-organisms was fruitless. — *Wiener Med. Woch.*

THE INFECTIOUSNESS AND BACILLARY ORIGIN OF LEPROSY are claimed to be established by Drs. R. Melcher and P. Ortmann, of Königsberg. These gentlemen have succeeded in inoculating the disease in rabbits. — *N. Y. Med. Record.*

DEBOVE'S TREATMENT OF GASTRIC ULCER.

Dr. Henry B. Millard in the *N. Y. Medical Record*, Jan. 31, calls attention to the new method of treatment of gastric ulcer suggested and practised by M. Debove.

His idea is to spare the stomach the necessity of excessive muscular action, giving rest to the ulcer; to modify the acidity of the gastric juice which is really a caustic irritant to the ulcer, to use food which does not require peptonization in the stomach but can be wholly digested in the small intestines.

Having found the milk diet as usually ordered to be sometimes disadvantageous by distending the stomach and causing hæmorrhage, and to be generally inefficacious, he made a trial of nutritive powders, condensed milk, etc., and found them more satisfactory.

He then conceived the idea of relieving the stomach entirely of the chemical part of digestion by neutralizing the acid of the gastric juice with bicarbonate of soda administered with the nutritive powders of beef and milk.

He showed that the gastric juice does not act upon such alkaline ingesta, but that they pass on unaltered into the duodenum, where the pancreatic juice peptonizes them.

Practical results have demonstrated the correctness of his theorizing, and some very

remarkable cures evidence the therapeutic skill of M. Debove.

He first washes out the stomach with simple water to free it from acid. On account of the danger of hæmorrhage this operation should be performed by the physician himself or under his immediate oversight, and should be stopped at once in case the water is tinged with fresh blood, but otherwise is continued until it returns quite clear. M. Debove employs for this purpose a modification of Faucher's tube. After washing out the stomach he administers twenty-five grammes (6 drams) of the *poudre de viande* with ten grammes (2½ drams) of bicarbonate of soda mixed with milk to the consistence of cream. If this proves so disagreeable that the patient cannot take it otherwise, he administers it by the tube. As the quantities of bicarbonate of soda ordered sometimes cause inconvenience by irritating the stomach, causing painful eructations, etc., he then gives smaller doses of the alkali. — *St. Louis Courier of Medicine.*

EMERSON THE SUBJECT OF APHASIA.

Dr. W. Ainslie Hollis, in a letter to the *Lancet*, says that Ralph Waldo Emerson (whose biography Dr. Oliver Wendell Holmes has just written) suffered during the last ten years of his life from well-marked symptoms of aphasia. Mr. Conway says: "There was something striking in the kind of forgetfulness by which he suffered. He remembered the realities and uses of things when he could not recall their names. He would describe what he wanted or thought of. When he could not recall a 'chair,' he would speak of that which supports the human frame; and 'the implement that cultivates the soil' must do for a plough." The conclusion of the letter is as follows: "This account of the ailment of the great American essayist is interesting from a medical standpoint, showing, as it plainly does, how an active brain will overcome apparently insurmountable physical difficulties due to localized disease of its substance. In the present instance I take it that this result was effected by utilizing circuitous efferent nerve tracts in the healthy tissue around the lesion." — *Gailliard's Med. Journal.*

HOW TO ADMINISTER SANTONINE.—Kuechenmeister has shown that lumbrici lived in a mixture of albumin, santonine, and water, but they succumbed in a few minutes to an oily mixture of santonine. Experience has proven the necessity of direct contact. Santonine powder or troches are not a good way of administration, for the santonine is then mostly absorbed in the stomach. The only rational preparation is an oily mixture which is slowly absorbed in the intestines. In any other mood it has a toxic effect with many, but given with ol. ricini is not disagreeable, and very efficient. —*Medical Bulletin.*

AN OINTMENT FOR SYCOSIS.—Hans Hebra proposes the following formula ("Wiener med. Blätter;") which is a modification of one proposed by Wilkinson:—

| | |
|----------------------|-------------------------|
| Sublimed sulphur, | } each .. 8 drachms. |
| Oil of cade, | |
| Soft soap, | } each, 2 ounces. |
| Fat, | |
| Prepared chalk. | 5 drachms. |

After the hair over the diseased spot has been cut short, and the crusts have been taken away, rub in the ointment thoroughly, and apply a flannel bandage. The ointment should be applied daily, the affected hairs being carefully pulled out and the pustules emptied. The cure is said to be complete in about ten days.—*The Polyclinic.*

Fenwick's prescription for fermentative dyspepsia is as follows:

| | | |
|---------------------------|---|-------|
| R. Acidi Carbol. (cryst.) | - | 3j. |
| Glycerinæ, | - | 3 iv. |

Sig. Dose—Five to ten minims in mint water.—*Brit. Med. Journal.*

COCAINE IN FISSURE AND CRACKED NIPPLES.

Dr. Marfau, in a case of fissure of the base of the nipple, in which nursing was accompanied by almost insupportable pain, painted the fissures with a twenty per cent. solution of cocaine muriate, carefully drying the excess of moisture with a compress, and at once applied the child to the breast. The severe pains were

now barely noticeable. The anæsthesia supervenes almost immediately after applying, and disappears in one or two minutes.—*Journal de Médecine de Paris.* R. B. N.

ARE HUMAN BITES POISONOUS?

"The comment of the *Lancet* on a case of alleged death following the bite of an epileptic patient, suggests the inquiry as to whether such bites are followed by more disastrous effects than wounds of any other character. There is some evidence to show that such is the case. It is a well-known fact that the tendency of deep emotions, such as fear, anger, etc., is to produce changes in the character of the secretions, the nature of which we do not yet understand. An example of this is the fatal effects upon children of milk nursed from mothers who were suffering from intense mental disturbance. In addition, it has been remarked by those having a large experience, that cellulitis is very apt to complicate wounds inflicted by the human teeth. Abrasions of the dorsal surface of the fingers caused by blows against the teeth seem especially apt to take on an unhealthy aspect. Whether this be due to the locality of the injury, the constitution of the patient, or some peculiar poison with which the wound had been inoculated at the time, it is impossible to say. Sometime since, Pasteur made the discovery that human saliva possessed poisonous properties, but whether his experiments have since been verified we have not learned. Many will doubtless hesitate to accept his conclusions, especially if they have not met with cases of this nature. Others will be led by their experience to unhesitatingly accept them, for practically as well as theoretically, the theory that under certain conditions the bite of the human being is dangerous is a very plausible one.

HOW MUCH SHALL THE DOCTOR BE PAID?

BY HENRY A. RILEY, ESQ.

In considering the question of the amount of compensation due the physician or surgeon for his professional services, there are two or three preliminary points which require an answer

favourable to the practitioner. - There must be no doubt as to the fact of the services being faithfully and skilfully rendered, and the charge of malpractice must not be raised against him. If there is a question as to the skilfulness of the treatment, the compensation may be seriously cut down, or if an improper or harmful mode of treatment has been adopted, the right to any compensation at all may be denied, and the patient allowed to recover damages instead.

Under the usual circumstances, however, of skilful treatment the interesting question presents itself of the amount which the physician can properly ask from the patient.

It may be said at the outset that there is no legal rule requiring all practitioners to accept the same fees for the same services. The professional eminence and knowledge of some members of the guild makes it proper for them to ask and to receive higher rates of compensation than those given to young and inexperienced men. This is a sound principle in law and in common-sense, and will be respected by courts and juries. The importance and delicacy of an operation or mode of treatment are, of course, to be considered in estimating the amount of a charge. The wealth of the patient is also an element to which some weight can be given, and within proper limits larger charges, based upon this consideration, will, no doubt, be allowed by the courts.

It occasionally happens that a physician will make an agreement with his patient to make no charge unless a cure is effected. Such an agreement is a foolish one on the part of the physician, as it obliges him to take the risk of contingencies which may be absolutely beyond his control. The physician has no infallible knowledge which will enable him to predict with positive certainty the outcome even of a slight ailment, and much less is this true of the result of more serious ones. The promise, then, is objectionable in itself as presuming upon the prerogatives of a Power higher than that of the physician. In addition to this the risks of such a promise are needless.

If a promise of this kind is made, however, the physician will be held to it absolutely. Nothing will excuse the failure to effect a cure.

In the case of *Smith vs. Hyde*, 19 Vermont, 54, the physician made this agreement with his patient, and afterward during the course of the treatment, feeling uncertain about his payment, asked the patient's son for some security. A written guarantee was then given by the son, and when payment was refused suit was brought upon this guarantee. It was shown on the trial that a cure had not been effected, and although the guarantee made no reference to this agreement and did not seem to have been made in connection with it, the Court held that there could be no recovery. The guarantee must be construed in subordination to the "no cure no pay" agreement. When there is no express promise to pay a fixed amount for a physician's services, and this is usually the case, the law implies a promise to pay what is reasonable. The gauge of what is reasonable is largely in the physician's control, but when a dispute arises a jury becomes the final arbiter, and the practitioner is obliged to accept its estimate of the value of his services. As juries are uncertain bodies, at one time giving large verdicts, and at another cutting down the recovery to meagre limits, it can hardly be said that the physician has any way of accurately forecasting the result of a suit.

Juries in the city will be likely to give a higher rate of compensation than similar bodies in the country, and the professional position of two physicians may be so diverse that very different amounts may be given in the two instances for exactly the same services.

It may be said that the tendency of the average jurymen is to give the physician less than he asks. Perhaps this is done for personal reasons and because the jurymen knows that sooner or later he will be obliged himself to receive a physician's bill; and he wishes to impress the profession by his verdict, for his own advantage, with the idea that small bills are preferred to large ones.—*N. Y. Med. Journal*.

AN UNGRATEFUL PATIENT.

A M. Bouley injured his finger, a physician was called in, blood-poisoning ensued, and several eminent hospital surgeons were in consultation. M. Bouley recovered. M. Bouley had

been a health-officer and had practised medicine. His attendants, therefore, rendered no accounts for their services. M. Bouley summoned them before the police court, complaining that he had been maltreated, that his body had been covered with incisions, and his flesh stuck up with drainage tubes, and himself generally made the subject of experiments, and claimed 20,000 francs damages. The judges, however, dismissed the complaint, and condemned the plaintiff to pay the defendants 12,000 francs.—*Journal de Médecine de Paris.* R. B. N.

OVARIAN TUMOUR TWISTED FIVE TIMES UPON ITS PEDICLE; REMOVAL; RECOVERY.

Dr. James B. Hunter presented the specimen, from a patient who was first examined about the middle of December, at which time it was doubtful whether there was a tumour or not. It was quite evident at the next examination, early in January, that there was an ovarian tumour. The patient reported rather suddenly in February that she was suffering acute pain, and entered the hospital. The symptoms pointed to commencing peritonitis, and an operation was done in advance of the appointed time. The cyst was found covered with very large veins, and the least prick was followed by copious hæmorrhage. There was strangulation from twisting of the pedicle upon itself five times. Hæmorrhage had taken place into the wall of the tumour. The temperature and pulse-rate soon became normal, and the patient made a good recovery. Had the operation been delayed a day or two longer, the prognosis would have been much more doubtful.—*Proceedings New York Path. Society: New York Medical Journal.*

Mr. Jonathan Hutchinson reports a case of lupus erythematosus cured by the internal administration of arsenic. The drug was given in doses sufficient to produce some of the physiological effects, and was continued for some time.

LARYNGEAL AFFECTIONS—DOBELL'S SOLUTION.

Acidum carbolicum pura . . . ℥ xxx.
Sodii bicarbonas
Sodii boras pulv āā ʒj.
Glycerinum ʒj.
Aqua q. s. ad Oj.

Dr. Thomas D. Hughes, of the King's County Hospital, states the above formula is as originated by Horace Dobell, of London, England.

Dr. Hughes, speaking from experience, says: It is very pleasant, soothing disinfectant and cleansing wash for the nose and throat, used by catarrh and laryngitis patients.—*Phila. Drug News.*

BLEEDING IN DRUNKENNESS.—A case is reported in the *Medical Press* of February 18th. A man was brought to the hospital dying from acute alcoholism. The breathing stertorous, the face swollen and livid, and the pulse intermittent—pupils insensible. With the stomach-pump a large quantity of spirits was removed; sinapism put on legs and neck, and strong coffee injected into the stomach; but as he gradually became worse, and finding life ebbing away, Dr. Cranny opened the medium cephalic vein. Immediately after the blood began to flow, the respirations became easier, and the heart's action steadier, and as soon as about ten ounces had been taken consciousness returned. He left the hospital perfectly well.

A case of asthma in a child, age seven, is reported, which was only relieved after a large accumulation of cerumen was removed from the ear.

A CASE OF STRICTURE OF THE URETHRA IN THE FEMALE.

BY M. LE DR. PICARD.

In July, 1883, a widow, aged 53, complained of frequent desire to pass water, pains at the end of micturition, and a feeling of weight in the abdomen sufficiently severe to prevent her following her occupation as domestic.

The uterus and vagina were healthy; but the vicinity of the urethra appeared of a dull red colour, and covered with vegetations two or

three millimetres long. The canal is covered with similar vegetations, but much larger and longer. I shaved off the vegetations surrounding the urethra, and then dilating the urethra, I seized with tenaculum forceps the vegetations on its mucous membrane, and removed them with long-pointed scissors. To complete the operation and stop hæmorrhage, I cauterized thoroughly with nitrate of silver. Unfortunately, vegetations were torn off with the slightest traction, and my operation was in no way radical. The same manœuvres repeated several times brought no better result. In February, the patient having been chloroformed, I cauterized the vegetations with the thermo-cautery brought to a cherry-red colour. The consecutive pain was trifling, and the same day the patient could follow her occupation. Nevertheless, the vegetations were not destroyed, and two more applications were made at monthly intervals, without giving rise to any other symptoms than followed the first.

Three weeks after the last cauterization, the vegetations had disappeared; there was no more pain; micturition had become normal.

In October, 1884, my patient returned with almost the same symptoms as at first, but in addition had great difficulty in micturition. The meatus is perfectly clear, smooth, of a normal colour but much enlarged, of a funnel shape, the apex being continuous with the urethra. This latter, quite narrow, has a diameter not larger than the head of a very small pin; it only admits of a bougie of one millimetre in diameter, which scrapes, but penetrates without much difficulty. Dilatation after several sittings reached seven millimetres. The patient had, in spite of that, difficulty in making water, which no longer exists two months after.

This case shows the ill effects of the nitrate of silver as an escharotic when used in the female urethra, and shows that the thermo-cautery, with the patient anesthetized, is safe and efficient, allowing the patient to follow her usual avocation at once. The only danger in its use is heating the cautery too much, i.e., to a white heat. It should not be more than a dull red.

R. Z.

EXCISION OF A HARD CHANCRE TWELVE HOURS AFTER ITS APPEARANCE.

An advocate, 28 years of age, applied to M. Rasori to examine a woman with whom he had had connection two days before, and who seemed to him to be diseased. The woman, in fact, showed very evident symptoms of syphilis. Put on his guard, the advocate watched himself very carefully; he saw nothing suspicious during twenty-seven days. The morning of the twenty-eighth, he perceived near his frenum a little spot, violet red, slightly elevated above the mucous membrane. Rasori excised it; the wound healed in twenty-five days, leaving an indurated cicatrix. Roseola appeared at the end of forty-five days.—*Gazette Hebdom.* R. Z.

A NEW ANTISEPTIC.

Some articles have appeared in recent numbers of the *Boletín Farmaceutico* of Barcelona, calling attention to a drug which seems to be well known in Spain, but which, not having been in the writer's opinion prescribed with due regard to its physiological properties, has disappointed many, and so has fallen into undeserved disrepute. The drug referred to is helenina, the active principle of *Inula helenium* (elecampane). It was formerly used for itch and herpes, also as an anthelmintic. It has now been found to have powerful antiseptic properties. Dr. Korab found that fifty centigrammes were sufficient to entirely arrest putrefaction in five litres of urine—i.e., 1 in 10,000 parts. The writer of the articles has also made some experiments. A slice of veal sprinkled with a solution of 25 centigrammes of helenina in 2 grammes of alcohol, and kept at a temperature of 28° C., remained perfectly sweet for ten days, by which time it was completely dried up. An egg beaten up with 300 grammes of water, to which was added 30 centigrammes (about five grains) of helenina dissolved in two grammes of alcohol, remained unchanged at the temperature of 28° C. for six days. Another egg similarly beaten up without the drug, and kept at the temperature mentioned, rapidly decomposed, and in twenty hours emitted a strong odour of sulphide of hydrogen;

to this a solution of 50 centigrammes of helenina was added, and in a few minutes the offensive odour had disappeared, and the mixture underwent no further change. Similar experiments with urine, meat, and beaten-up eggs were made with carbolic acid, boracic acid, and salicylic acid, instead of helenina; but much larger proportions of these substances were required to prevent putrefaction, and none of them were capable of arresting commencing putrefaction of the egg, as helenina had done. Korab found that a few drops of a solution of helenina immediately killed the organisms in ordinary infusions, and also in cultivations of the tubercle bacillus. While the writer was working with helenina in his laboratory, he noticed that the bad odours usually present in the vicinity were replaced by the aromatic smell of the drug, due to the washings thrown away. He also noticed that insects, which were commonly very numerous, were at that time absent; even the mosquitoes were kept away from the whole house during the months in which they specially abound. The drug has proved most valuable in surgery as an antiseptic when carbolic acid and other agents had failed. It has been successfully given internally in malarial fevers, tubercular, infantile, and catarrhal diarrhoea; and it is expected to prove an excellent substitute for carbolic acid in the Listerian system of aseptic surgery. The dose is about a third of a grain in pill or mucilage, and the price about a penny a grain.—*Lancet*.

PARALYTIC OBSTRUCTION OF THE INTESTINE.

—Dr. G. Thibierge has described, in the *London Medical Record*, some cases of intestinal obstruction caused by paralysis of the muscular coats of the gut and consecutive retention of the faeces. This paralysis may occur after the reduction of a strangulated hernia, or after an attack of peritonitis, but it is more often due to some nervous lesion. It is generally observed in old people suffering from habitual constipation. Vomiting is frequent when the obstruction has lasted some time, and often recurs every time the patient takes nourishment. The abdomen is much distended, and there may be a good deal of pain. When death occurs at that period, it is caused either by inanition or

by asphyxia. In some cases there is a temporary improvement, followed by fatal collapse. Generally, however, recovery takes place after the obstruction has been relieved. The best treatment consists in galvanization of the intestine.—*N. Y. Med. Record*.

ACETATE OF LEAD IN HÆMOPTYSIS.

From a series of carefully conducted observations regarding the action of sugar of lead in phthisis, by Dr. Biedert, we abstract here his most important opinions and results:

Lead has no favourable influence over the development of the phthisical process as such. The only symptom, the severity of which could always be abated, was the expectoration, which in six cases was reduced from great copiousness to one-half and even one-fourth the original quantity. This effect can justly be attributed to the contraction which lead produces in the small arteries and arterioles. The more important effect of lead of checking hæmoptysis of course depends upon the same power it exercises on the circulation. Biedert does not hesitate to designate the acetate of lead as the most powerful and reliable hæmostatic at our disposal, its promptness and energy having been tested by him with the most satisfactory results in seven cases of pythieis, two cases of chronic and one of acute pneumonia, and in a number of other affections. He insists upon doses of sufficient strength, such as three-quarters grain given every two or three hours, until the hæmorrhages stop; if straining and irritative coughs be present, opiates ought to be administered with the metal. In persistently returning paroxysms of hæmoptysis, Biedert advises a prolonged exhibition of the drug in decreasing doses. In a case of nephritis in a small boy, the sugar of lead acted with equal promptness in stopping the bleeding. Biedert states that he has never observed any systemic intoxication in quantities ingested as great as 75 grains. Only in one instance, a case of phthisis, after the use of 90 grains, he noticed decided symptoms of lead poisoning. Hence, this possibility should never be lost sight of in cases requiring a protracted use of the metal.—*Wiener Med. Woch.—Therapeutie Gazette*.

A NEW METHOD OF TREATING ACUTE INTESTINAL OBSTRUCTION.—There has recently been advocated and successfully practised a method of affording relief in cases of intestinal obstruction, which may become widely applied. Dr. Kussmaul was the first to advance the view that free washing out of the stomach might prove efficacious, and already cases of marked success following this measure have been published. In one case, after eight days' complete obstruction, and in another, after nine days, the symptom of fecal vomiting being present in each, the washing out of the stomach, and consequent evacuation of large quantities of fluid fecal matter from the upper part of the small intestine, resulted in complete relief from symptoms. The measure is compared by Cahn to the effect produced by laparotomy above the site of an obstruction; and the good result is explained on the ground that the evacuation of the distended bowel affords an opportunity for a spontaneous reduction of a herniated or twisted loop. The relief from the inordinate abdominal distention is very great, and, moreover, the disappearance of this distention favors palpitation for the purpose of diagnosis. Obviously, not every case of acute intestinal obstruction could possibly be relieved by this method, but the simplicity of the practice, the certainty of affording temporary relief, and the possibility of a cure are reasons for its sedulous adoption prior to proceeding to more serious measures.—*Lancet*.

THE USE OF ANÆSTHETICS.

In describing a case of double amputation for railway injury, Mr. Banks alludes to rapidity of operating as an element of prognosis. In this case the patient, a boy of ten years of age, had fallen from a train and lay in a tunnel all night in severe winter weather. He was apparently dead when brought to the hospital, but some signs of life appeared after a time. Subcutaneous injections of ether were given him (two of thirty minims each) and "he was placed on a mattress opposite a large fire and literally cooked into life again." Reaction had fairly set in by the evening. He was then taken into the theatre, "the smallest whiff of ether" given him, while the two injured limbs were removed

"with all the rapidity possible." Rough dressings of lint soaked in carbolized oil were applied, and the patient "was again in the ward on the mattress before the fire in less than fifteen minutes from the time of his removal." Space fails me to give the full history of this most interesting case, but I may say that the patient was attacked with "surgical scarlet fever," the urine became albuminous, the flaps opened up and refused to heal, and the bones protruded. The patient eventually recovered, a result largely due, Mr. Banks believes, to the speed with which the operations on him were performed. He remarks that in these days of anæsthetics the surgeon is apt to proceed too deliberately, forgetting that the patient, though not suffering pain is suffering shock—that "every minute of anæsthesia, every fresh incision, every lost teaspoonful of blood," lessens his chance of recovery. Mr. Banks goes so far as to say that in a thigh amputation for smash, the fact of the patient being on the table twenty minutes in one case, or forty-five in another, makes all the difference "between his crossing the bar and sticking on it." In the case just alluded to, the warm fire, subcutaneous injections of ether, the selection of ether as an anæsthetic, and the careful use of antiseptics, all no doubt aided in procuring the favourable result.—*Liverpool Letter, N. Y. Med. Record*.

THE GENESIS OF CANCER.

A marked increase in the death-rate from cancer during the latter part of the present century has for some years occupied the minds of several well-known pathologists in endeavours to reveal its cause. There is a pretty general agreement with regard to this disease that it is prone to arise out of prior morbid states which do not appear to be directly or necessarily related to it. It is evolved as a successor to innocent tumours, or in the track of an old inflammatory lesion. It rises apparently *de novo* out of mere senility or exhaustion of tissue, its permanently rudimentary type representing the best efforts of wearied nature to make good the daily wear of more perfect structures. On the other hand, cases occur in which, without impairment in any visible degree of vital power—

the energy of some local irritant appears to master completely the normal process of growth as to maintain its elements in the exuberant imperfection of the malignant tumour. Manifestly the same irritant acting on weak tissues is still more likely to work out its pernicious consequences. If we admit, therefore, as we consistently may, that tissue exhaustion, the result of toil, anxiety, or privation, and whether inherited or directly induced, affords a sufficient basis for the development of cancer, we need not look far into the history of our labourious age to find an explanation of a rise in its death-rate which at first may seem to be anomalous.—*Lancet*.

MARTIN RUBBER BANDAGE.

Dr. F. C. Martin, son of the late Henry A. Martin, who introduced the use of the pure rubber elastic bandage to the profession, gives the results of his father's experience in the *N. Y. Medical Record* as follows:—

"1. In the last twelve years over two hundred cases of synovitis of the knee, and its sequelæ, have been treated by aspiration with a single strapping of the joint, and subsequent use of the bandage.

"2. In these cases the knee joint has been punctured over four hundred times.

"3. In all these cases, with the exception of a very few, and these only in the early stages of treatment, the patient was not only permitted, but obliged to take a daily and considerable amount of walking exercise.

"4. In not a single instance has there been failure of absolute and entire cure, requiring in one case, seventeen weeks, but in no other more than eleven weeks.

"5. Although no antiseptic measure, beyond perfect cleanliness of the aspirating needle was employed, in not one instance has any ill symptom followed the operation. When the needle is withdrawn, the puncture is at once covered securely with adhesive plaster.

"Sir Benjamin Brodie long ago declared most emphatically, that when the synovial sac is distended with fluid, it can be punctured, and the effusion drawn off with perfect safety. He does not by any means regard this as a help in

treatment, however, as he says the fluid will accumulate again, and in a few hours the joint will be as much distended as before. The originality and value of my father's method of treatment lies in successfully demonstrating the fact that thorough aspiration of the knee joint, followed by proper use of the rubber bandage, gives us a complete and satisfactory method of cure in even the worst cases of synovitis. By the firm and equable pressure of the rubber bandage, the re-accumulation of fluid is checked. If there is any return of the fluid at all, it is in very much diminished quantity, and a second, or perhaps in severe cases a third, aspiration of the joint is all that is ever required. One great advantage of it is to explode the idea that perfect rest of the joint is the only way to hope for a cure. The patient is emphatically *not* to be confined to bed, or, worse still, to a fixed splint. When the joint is strengthened by a properly applied rubber bandage, exercise is a great and important adjunct in the treatment. This very day I have visited a lady who passed last summer in Switzerland. While there, she was attacked with acute synovitis of the left knee, with large amount of effusion into the sac. She was kept in bed with the limb placed on a fixed splint and continually poulticed. After sweltering through the hot weather with the limb swathed in many thicknesses of cotton wadding, at the expiration of two months the splint was removed, and—she has come home with a joint almost immovable! I am sure that had this case been treated by prompt aspiration of the sac, and the proper use of the rubber bandage, a perfect and rapid cure would have resulted without a week's confinement of the patient to her bed.—*Kansas Medical Index*.

TREATMENT OF EPISTAXIS.

Dr. Lucas Championniere speaks highly of his mode of treatment of epistaxis, which, we admit, has the advantage of great simplicity and can easily be employed in febrile affections, such as typhoid fever, where this symptom often assumes grave importance. His treatment consists in the introduction into the nasal fossæ, sufficiently highly, of a fragment of a finely cut sponge drenched previously in lemon-

juice or vinegar. The patient is then asked to lie on his stomach. On account of this position the blood does not flow off through the pharynx and forms a clot at the point of contact with the sponge, thus arresting the hæmorrhage. This procedure is certainly preferable to the plugging of the posterior nares, a delicate, and to the patient inconvenient, operation.—*Journal de Méd.—Therapeutic Gazette.*

CHLORATE OF POTASSIUM TO PREVENT ABORTION.—Dr. E. S. McKee reported to the Cincinnati Academy of Medicine (*Lancet and Clinic*, February 14, 1885,) the case of a woman who had aborted ten times consecutively, having conceived twice by one husband and eight times by another. These abortions occur in the period between the fifth and eighth month. Seeking professional aid when she believed herself pregnant for the eleventh time, Dr. McKee examined and questioned her closely, and could find no evidence of syphilitic disease or of any local uterine or other disease to account for the repeated abortions. She said that one physician who attended her several years before had said that "the afterbirth was nothing but a chunk of fat." Chlorate of potassium was ordered in doses of fifteen grains three times a day, and was continued with but few intermissions until the end of the pregnancy, when a healthy boy was born. He died on the ninth day from an overdose of an opiate.

In the following pregnancy the same treatment was followed out and resulted in the birth of a healthy boy at term who was living at the time of the report.

In the discussion which followed, the prevalent opinion seemed to be that the abortions were due to fatty degeneration of the placenta, which in the last two pregnancies was prevented by the action of the chlorate of potassium.—*Weekly Medical Review.*

Lawson Tait says: "The amount of worry which is given him by every case of hysterectomy, even when successful, is such as to be almost beyond the recompense of any fee; and the disappointment inflicted by every death is quite indescribable."

PRURITUS VULVA.

There is probably no complication of pregnancy which so much annoys the woman as pruritus of the vulva. So persistent is it at times as to even cause serious mental depression, and the remedy which shall promptly relieve it is a great boon. Dr. Atthill, of Dublin, recommends the following lotion:

R Acid carbolici gr. xx.
Tr. opii. ʒ ss.
Acid hydrocyanici dil. ʒ ij.
Glycerini ʒ ss.
Aquam q. s. ad ʒ iv.

M.

This is to be applied to the parts by means of a pledget of cotton thoroughly saturated with it and left in contact with the parts. The same lotion, similarly applied, is said to be also useful in pruritus ani.

We have found the application of essence of peppermint to be an efficient remedy. It must be carefully and gently applied at first, and if the smarting which it causes be very severe, it may be diluted with an equal quantity of alcohol.

A physician with whom we recently conversed on this subject, declared a saturated solution of borax in laudanum to be an infallible application, in his experience.—*Medical Age.*

SOME CONSIDERATIONS CONCERNING PUERPERAL INFECTION.

Joachim Bondesen examined carefully all the cases of puerperal infection observed at the Maternity Hospital of Copenhagen during 1882-83, and is convinced of the necessity of distinguishing between different categories of this infection. Of five hundred and ninety-one women confined during that time, forty-three were attacked with a decided puerperal fever. In twenty-one of these cases the appearance of these symptoms took place so soon after the confinement (between two and five days) that there was no reason to doubt that the infection from which they resulted took place during the confinement itself. Most of these cases occurred in a short period, and this little epidemic had for its evident origin a patient transferred,

in the first stages of labour, from the communal hospital to which she had been admitted for a diffuse phlegmon of the forearm and a universal septicemia.

In the other twenty-two cases, on the contrary, the symptoms of the disease presented so late (from six to ten days after parturition) that it was necessary to reject as unlikely the occurrence of the infection during confinement, no known infection remaining so long latent. The explanation of these cases will be soon found by reference to a secondary infection produced in the puerperal state by the wounds of different sorts, with or without mortification of the tissues of the lower part of the genital canal. This opinion is equally supported by the fact that most of the patients in question presented considerable ruptures of the perineum and vagina, and that the disease presented most frequently under the form of parametritis. Similar observations upon late puerperal fever have been made during these late years by MM. Müller, Küstner and Veit, whose interpretation differs however in some points. But in admitting as well established the above given explanation of the origin of the late puerperal fever, we are forced to avow that we are not authorized to conclude from the enumeration of all the cases of puerperal disease in what degree the treatment given may be capable of preventing the infection. The elucidation of the question demands a distinction of the different cases: it is necessary to consider on the one hand the cases in which the morbid cause should be referred to the insufficiency of the antiseptic measures taken during confinement, and on the other hand the cases in which the antiseptic method has been insufficiently applied during the puerperium.—*St. Louis Courier of Medicine*.

HAZELINE IN MENORRHAGIA.—In the PRACTITIONER, Mr. M. Cheute describes a valuable remedy for menorrhagia, which is a very frequent ailment in women in Cape Colony. Two drachms of hazeline given twice or thrice daily will act so quickly that it will not be necessary to anticipate the flow, but when menstruation, after it has lasted the ordinary time, is not closing naturally, hazeline given as above will effectually restrain it. It is also said to relieve dysmenorrhœa in a quick and marked manner.

MR. LAWSON TAIT'S OPERATIONS AT THE ALBANY HOSPITALS.

The *Albany Medical Annals* reports the case operated on at St. Peter's Hospital, as follows:

The patient was 31 years of age, unmarried, and enjoyed good health until she reached her seventeenth year, when she was sent to Bellevue Hospital, New York, on account of an attack of pneumonia. She remained in the hospital three months. After leaving the hospital the menstruation was irregular and profuse. She was able to do housework, and did not seek medical advice until about eight years afterwards, when she again was admitted to Bellevue Hospital. At this time frequent hæmorrhages from the vagina had prostrated her. In the winter of 1881 the patient was in the Albany Hospital, and the principal symptoms at the time of admission were severe abdominal pain and hæmorrhage.

Examination showed that she had a large bilobed tumour, the parts of which were of unequal size. The larger mass was a cystic ovary, and the smaller mass on the left a myoma of the uterus.

Mr. Tait said he had no hesitation in operating upon this case, although he had some doubts as to the propriety of conducting such operations in a crowded room. He had never before operated in the presence of more than a dozen persons, and if the patient were to do poorly, he would be inclined to lay it to the atmosphere in which the operation was performed. Mr. Tait here began the operation at 4.42 p.m., assisted by Drs. Van der Veer and Boyd. After opening the abdominal cavity, he announced that the case was one of solid ovarian tumour and uterine myoma, and proceeded to remove both, with the entire uterus. The operation was finished at 5.24 p.m., making the time from the first incision to the conclusion of the stitching up the wound forty-two minutes. The pedicle was treated by Tait's circular wire clamp. The wound was dressed with simple pads made of absorbent cotton covered with carbolyzed gauze. Two of these were placed over the wound and held in place by a cotton bandage passed around the patient's waist.

After the operation the patient's condition

was favourable until about 10 p.m., when there was a severe hæmorrhage from the vagina, apparently. About this time a catheter was introduced, and the urine drawn from the bladder was found mixed with blood. Through the prompt and efficient measures adopted by the house physicians, Drs. Flynn and Melick, the patient rallied, although when they began the use of the hypodermic injections the patient's pulse was imperceptible, and the respiration about 42. At 4.30 a.m. on the following day, September 11, 1884, the patient desired to empty the bladder; a catheter was introduced, but no urine was found.

At 10 a.m., September 11, 1884, the patient was seen by Mr. Tait and Dr. Boyd. After reading the house physicians' report, Mr. Tait concluded that a portion of the bladder had been constricted by the clamp. A careful examination of the pedicle and abdominal wound revealed a satisfactory condition of affairs. Examination of the vulva revealed the fact that blood was slowly flowing from the urethra, and a catheter passed into the bladder came in contact with clots. Mr. Tait remarked that the patient's recovery would be retarded by the accident, as a fistula of the bladder would result, but that even with this complication she would recover. He said that the accident had occurred in two of his operations in England. The bladder was washed out twice a day with a weak solution of carbolic acid, and a soft catheter allowed to remain in the urethra. After a few days a solution of boracic acid was substituted for the carbolic acid.

On the fourth day after the operation a bloody fluid was noticed oozing near the pedicle, of a decided amniotic odour. There was no evidence of tympanites at any time. The stitches were removed on the sixth and seventh days after the operation, and the wound was found to be perfectly healed as far as the clamp. The only dressing used was that of absorbent cotton and carbolized gauze. The clamp was removed on the eleventh day. Long before this time the urine flowed freely through the opening in the abdominal wall. As the remnants of the pedicle were removed a large funnel-shaped cavity came into view, at the bottom of which was the fistula. The temperature

reached 102° F. on the day after the operation; also on the third, fourth and fifth days. On the fourteenth day 103° F. was reached; this was the highest temperature recorded. The pulse was above 100 for the seven days succeeding the operation.

On the 30th of November, 1884, the fistula was entirely healed, and the patient had perfect control of the bladder. Examination of the abdomen revealed a firm cicatrix extending from near the umbilicus to the symphysis pubis, and no trace of the fistula could be discovered.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TO SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

TORONTO, MAY, 1885.

THE DRY-EARTH SYSTEM.

The Provincial Board of Health, at its last meeting, had the important subject of dry sewage disposal under consideration, and, we think very properly, urged the introduction of dry-earth closets, without in any way committing themselves to any special system.

In our smaller towns and villages it is indisputably the best system, far away better than the existing privy vault abomination. In all these places there are small gardens attached to all the houses, in which the contents of the pails can be profitably utilized.

The system is by no means a new hobby; as long ago as 1868, a carefully-prepared pamphlet was issued under the direction of the Dominion Government, by Dr. E. A. Meredith, LL.D., who was for a long time Chairman of the old Board of Inspectors of Asylums and Prisons and afterwards Under-Secretary of State for the Provinces. In this pamphlet the Mould System, which is really the parent of all dry-earth systems, is

fully detailed; the subject has remained in abeyance ever since, and is now being resuscitated.

The attention of medical health officers is directed to the simplicity, practicability, and utility of the system. Once the fecal matter is absorbed by having a sufficient quantity of dry earth poured upon it, all smell is destroyed.

There is no house in a country town or village in which a few barrels of the ashes cannot be kept for six weeks or so in a shed before being put on the garden as rich manure; we have known no evil effect to arise after keeping them for four weeks, and then putting out the ashes on the land a short distance from the house.

The absence of the soakage from liquids is of so much importance that medical health officers will do well to impress this upon all municipal authorities. Wells cannot be polluted, foul odours cannot arise, and all enteric and zymotic diseases will be avoided; and during the heat of summer a fresh atmosphere will be preserved, which cannot exist where privy-vaults are in full force.

OUR CHOICE OF ANÆSTHETICS.

There has not been anything like a consensus of opinion in the past in deciding which is the best of the anæsthetics now available; but the results of experience have enabled us to do away with much of the vagueness that has existed, and formulate somewhat fixed and definite rules.

Chloroform was long the general favourite. Its great advantages consist in its agreeable odour, the small quantity required, its non-inflammability, and convenience of administration. Unfortunately it sometimes destroys life, and the numbers of its victims during the last few years include some hundreds, a large proportion of such sad accidents having happened during its administration in comparatively trivial cases, such as opening abscesses, extracting teeth, etc.

Ether has to a large extent replaced chloroform. Although it is less agreeable, less convenient of administration, still its greater safety, which is now pretty generally conceded, has compelled the profession to forego the slighter

advantages connected with the more pleasant chloroform, and use ether in the majority of cases.

Bichloride of methylene has been most highly recommended by Sir Spencer Wells, who has used it in over a thousand operations. Others have supported Sir Spencer in his testimony of its safety and efficiency, but for some reason it has not, nor is it likely to, come into general use. One drawback is that it requires a special apparatus and some skill in its administration. In addition to this, the idea of its perfect safety is exploded by the fact that it has caused death.

We are inclined to accept as an established fact that ether is the best and safest anæsthetic for general use; and if we could add that it should be employed in all cases where anæsthesia is required, the question of making a choice would be finally and satisfactorily settled. Unfortunately, however, this simple solution is not feasible, as it has been found that in certain cases ether is less safe than chloroform. In comparing the two we find that under ether the dangers arise from embarrassment of respiration, while under chloroform they are from syncope. In cases where there is any tendency to bronchial catarrh, especially in the old, ether is both unpleasant and unsafe, while chloroform is well borne. Again, in cases of diseases of the kidneys it has been pointed out, especially by Tait and Goodell, that ether tends to suppress the action of these organs, and consequently chloroform, or a mixture of the two, is safer. The proper administration of chloroform to young children and women in labour is remarkably safe, and by common consent it is used when considered necessary in these patients. Even in parturient women, however, it is well to remember that under certain conditions, after the system is worn out by a painful and tedious labour, and great fear exists, ether is safer for obstetric operations.

Many combinations have been used with a view to greater safety. Among these are mixtures containing alcohol, chloroform and ether, in various proportions (one of the most common being the "A.C.E." mixture); ether and chloroform, Mr. Tait strongly recommending two parts of ether to one of chloroform; turpentine

and chloroform; Sandford's mixture of one pound of chloroform and two drachms of nitrite of amyl. Others have employed hypodermic injections of morphine, or morphine combined with atropine (say morphine $\frac{1}{12}$ - $\frac{1}{8}$ gr., and atropine $\frac{1}{120}$ - $\frac{1}{80}$ gr.) before giving the chloroform.

It should be distinctly understood that in speaking of safety in the administration of any of these agents, or combinations, we used the word purely in a comparative sense, as absolute safety in the production of profound anæsthesia does not exist. There is in every case danger to life, and every minute of the continuance of the unconscious condition adds to such danger. Both principal and assistants should recognise this very important fact. The man who administers the anæsthetic should have nothing else to do, and should confine his attention to his own work and not the operation. The surgeon should have everything in readiness, and in its proper place, beforehand, and should refrain from everything beyond his legitimate work which will consume precious moments; whether it be imparting clinical instructions, swearing at assistants, engaging in ordinary conversation, or (as not unseldom happens) perpetrating jokes which on their merits are generally most execrable, and are always in exceedingly bad taste.

We will summarize by giving certain rules, as follows:

1. In ordinary operations give ether, or a combination of two parts of ether and one of chloroform.
2. Give chloroform where there is disease of the kidneys or a tendency to bronchitis.
3. Give chloroform to young children.
4. Give chloroform in ordinary cases of labour when required.
5. In cases of labour where the patient has become much exhausted, and is in great fear, give ether in performing necessary obstetric operations.
6. Never give chloroform to a patient in a dentist's chair, or not in the recumbent position.
7. Do not keep a patient under an anæsthetic one minute longer than is absolutely necessary.
8. Let the administrator of an anæsthetic attend carefully to his own work, and nothing else.

THE BACILLUS OF CHOLERA.

The discussion still goes on with regard to the comma bacillus. Whether this germ is the cause of cholera or not, it is now conceded by many authorities that it is always present in that disease, and is not found under any other circumstances. If this really be the case we have an easy method of making an accurate diagnosis—a matter of the greatest importance in the prevention of the disease. If the disease had been recognised in the first cases which appeared in Toulon, and the patients at once isolated, the epidemic of last summer might have been prevented.

THE PROSPECTS OF CHOLERA.

Amidst the excitement connected with "wars and rumours of wars" we should not lose sight of the prospective danger of a cholera visitation. Reports from the Continent show that cholera has not disappeared, but has simply been kept in check by the cold during the winter months. Cases are continually occurring in Paris and other cities of France, ranging in numbers in the former place between eighty and six per week. According to other reports, however, there have been no cases of Asiatic cholera in Southern Europe since last summer, except some which recently occurred in a small village in Valencia, Spain.

In any case it is well to be prepared. Most of us are painfully aware of the fact that this is "house-cleaning" time. Let the process extend to the backyards and lanes, and let it be thorough and effective.

The arrangements for the Ninth International Medical Congress, to be held in Washington, 1887, are being rapidly completed. Professor William Osler, of Philadelphia, will be Secretary for the section in Medicine.

The *Index Medicus* is to be continued by Mr. George S. Davis, of Detroit, on the same general plan and with the same regard to typographical accuracy and finish as heretofore. This valuable work will be issued monthly.

CHLOROFORM IN LABOUR.

The fact that the administration of chloroform is comparatively safe in labour is pretty generally conceded. The reasons probably are: absence of fear, the recumbent position, the production of only partial narcosis and the fact that the pregnant uterus diminishes the circulation to the lower extremities, and increases it in the upper parts of the body. For these reasons many enthusiasts have lately contended that chloroform should be administered to all cases to relieve the ordinary pains. To such we are inclined to give a word of caution, because its indiscriminate use under these circumstances does positive harm in some cases. The danger is, uterine inertia may be produced, and as a consequence alarming hemorrhage may follow. In those patients who are subject to post-partum hemorrhages, profound anæsthesia is especially hazardous, and though they may recover from the immediate and grave dangers to life, they are apt to make tedious and unsatisfactory recoveries.

We fear that this procedure, which is now quite a popular fashion, is becoming rather too common, and we hope that those who have adopted it as a matter of routine in obstetric practice will use all possible precautions to prevent the unfortunate results we have referred to. Its administration should never be entrusted to a nurse. It should not be pushed beyond the first or analgesic stage. When any tendency to uterine relaxation appears, it should be withdrawn. It should be given, as far as possible, during the latter part of the second stage, never in the third. In short, the accoucheur should always be duly impressed with the responsibility he incurs in adding a new danger to the act of parturition, which is in any case surrounded with such innumerable perils, and should be ever on the alert to guard against the serious complication which may ensue.

OBITUARY—DR. JOHN SMALL.—We have to announce with deep regret the death of Dr. John Small, who had been for many years one of Toronto's most able and prominent physicians. He received his medical education partly in Toronto, where he was a student of Dr. Widmer, and partly in London, England, where he

attended Guy's Hospital. Although he passed the College of Surgeons of England, he had a strong preference for medicine, and during the last ten or fifteen years he did a large consulting practice in this department. He was highly esteemed as an honourable and upright man, and a skilful and painstaking physician.

HYOSCINE HYDROBROMATES.—Dr. Horatio C. Wood, as a result of experiments, both physiological and therapeutical, points out (*Therapeutic Gazette*) the probable mode of action of the hyoscine, and cites a number of cases, mostly of a violent maniacal character, in which he and his associates used it with gratifying results. It would appear that the commercial hyoscyamia owes a good part of its activity to the presence of this body, and consequently it acts better than when in its uncrystallized or less pure state. At present the price is very high, but the adult dose to begin with does not exceed $\frac{1}{100}$ of a grain, hypodermically, or by the mouth. It can be given by the mouth disguised, and thus has another advantage over hyoscyamia in cases of acute mania.

HOSPITAL ARRANGEMENTS FOR THE NORTH-WEST REBELLION.

We are glad to know that very complete arrangements have been made by the Government for the care of the sick and wounded in the North-West campaign. A very judicious appointment was made in selecting Dr. Bergin, M.P., of Cornwall, for the position of Surgeon-General. Already many have been wounded, and it is likely that there will be quite a number invalided from the necessary exposure and hardships. With a view to all contingencies, it was decided to establish a hospital corps to take charge of one or more hospitals situated near the seat of war. The invalids, after they have received immediate attention from the surgeons in charge of the different battalions, will be removed to these hospitals, which are being fully equipped with all necessary beds and appliances.

Dr. Roddick, of Montreal, concerning whose fitness for the position there can be no doubt, has been appointed Deputy Surgeon-General,

and has gone to the North-West, where he has full control over these arrangements. He has associated with him as surgeons, Dr. Douglas, of Lakefield; Dr. Bell, of Montreal; Drs. Natress and O. N. Walker, of Toronto; Dr. Graveley, of Cornwall; Dr. Casgrain, of Windsor, and a large staff of assistants and dressers from Toronto and Montreal.

We must congratulate all concerned upon the ability, foresight and energy which have been exhibited in making arrangements so complete and so satisfactory, in a very short space of time. The sad casualties of the past week have given them plenty of work, and we are glad to know that they have proved equal to all the emergencies.

MEDICAL COUNCIL ELECTIONS.

We understand there will not be many changes in the Council resulting from the elections which are to be held in May. A number of the former members will be returned without opposition. There will, however, be some new faces. Dr. Fife Fowler has been appointed by the College of Physicians and Surgeons of Kingston in the place of Dr. Lavell. Dr. Lavell has been one of the ablest representatives the Council has known, and his absence, on account of his acceptance of the position of Warden in the penitentiary, will be very much regretted. Another most useful member, Dr. Macdonald, of Hamilton, will not return; at least we have heard, with regret, that he has refused to be a candidate for re-election. The names of Dr. Patullo, of Brampton, and Dr. Russell, of Binbrook, are mentioned in connection with the representation of this division (Burlington and Horne). In Malahide and Tecumseh, Dr. Edwards will be opposed by Dr. Campbell, of Seaforth. In King's and Queen's, Dr. Orr, of Maple, with sixty-one names on his nomination paper, will oppose the veteran Dr. Allison, of Bowmanville, and will probably be elected. In Erie and Niagara, the genial Dr. McCargow will not be a candidate, the contest lying between Dr. Philip, of Brantford, and Dr. Harrison, of Selkirk, with the chances in favour of the former. Dr. Burritt, of Toronto, will be unable to represent Newcastle and Trent because he has moved out of the

division, and the Council will thus lose an excellent member. Dr. Ruttan, of Napanee, will likely be elected. We will gladly welcome the return of the able president, Dr. Day, ex-presidents, Drs. Bergin and Bray, Drs. Burns, Cranston and others, who are likely to be elected without opposition. There will not be many changes in the collegiate representatives, although some are rumoured in addition to the one we have referred to.

UNIVERSITY OF TORONTO SENATE ELECTION.

As our readers will see by voting papers received from the registrar, the retiring members, Dr. McFarlane, Messrs. John King, of Berlin, and Samuel Woods, of Ottawa, are practically re-elected, though it is necessary to go through the form of an election. The medical graduates will be glad to see Dr. McFarlane retain his position, since he has proved a very efficient representative. Mr. King as a representative of the western section of the province will be highly acceptable, while it is thought fair to the eastern section to keep Mr. Woods in the senate, although he has not been so faithful in his attendance as Dr. McFarlane or Mr. King. It is well known that "Sam" Woods is a good and true university man.

We understand that the friends of Mr. Bryant, of Galt, and Mr. W. B. McMurich, of Toronto, intended to bring them out for election, but they were too late in sending in their nominations. There is no opposition to the election of the Hon. Edward Blake to the position of Chancellor for another term of three years.

DR. ROBINSON'S MANUAL OF DERMATOLOGY.

—We have great pleasure in directing the attention of our readers to a notice of this work, which will be found in our advertising columns. It will be remembered that some months ago we reviewed the book favourably, and we have noticed that all the reviews made by competent persons have been of the most flattering character. We would recommend the work to all practitioners and students who wish to obtain, in a book of moderate dimensions, all that they require to know on this important branch.

At the recent examinations in the Toronto School of Medicine the following obtained the Scholarships:—1st year, O. R. Avison, — Palmer; 2nd year, John Leeming; 3rd year, George A. Peters; 4th year, W. H. Howell.

TORONTO SCHOOL OF MEDICINE.

The examination of the graduating class from this school before the medical examiners of Victoria University, has just been concluded with the following results, viz.:—

Passed the Primary.—J. M. Brodie, John Caven, F. Campbell, E. Campbell, J. A. Carbert, C. R. Charteris, A. C. Collins, G. R. Cruickshank, C. R. Cuthbertson, W. G. Dow, Wm. Dow, D. Dunton, W. H. Fox, E. J. Free, W. G. Glasford, P. H. Galloway, W. R. Gillespie, A. O. Hastings, W. B. Hopkins, R. Hillier, George Hunt, S. J. Jones, J. Leeming, J. M. MacCallum, Thomas McEwen, H. McFaul, C. F. Moore, C. F. Nairn, J. F. Orr, J. Rea, P. J. Rice, W. R. Shaw, J. O. Smith, W. B. Thistle, A. Tracey, J. C. Vrooman, R. J. Wilson, S. West.

Passed the Final.—John Barber, A. W. Bigelow, J. A. Burgeas, J. R. Dales, D. D. Ellis, J. S. Freebourne, W. A. Goodall, S. M. Hay, A. R. Harvil, L. L. Hooper, H. J. Hamilton, C. J. O. Hastings, A. B. Knisely, E. E. King, J. Marty, W. C. McKinnon, H. McGillivray, L. Mothersill, J. E. Pickard, W. T. Parry, D. Pool, P. P. Park, J. A. Rutherford, J. G. Sutherland, Geo. Simenton, L. G. Smith, W. J. Teasdale, Thos. Verner, D. M. Williams, Henry A. Wright, Hiram A. Wright, W. H. Wright.

The following gentlemen have completed a part of their primary examination, viz., N. Aikens, E. Bromley, W. H. Ciapp, H. M. Cowen, W. R. Hamilton, A. J. Hunter, J. R. Frasier, Hy. Noyes.

TRINITY COLLEGE.

FACULTY OF MEDICINE.

For the degree of M.D., C.M., University gold medal. J. R. Logan; University silver medal, H. H. Hawley.

Final examination list in order of merit.—Class I. A. M. Shaver, J. R. Logan, N. Allan, S. Scott, A. Graham, D. C. Throop, equal; C.

E. Stracey, W. V. Lynch, H. D. Leitch, C. F. Surlgrove, A. F. Little, F. Campbell, H. H. Hawley, A. Hanks, P. A. Dewar, F. C. Hood, J. Lindsay, equal.

Class II. R. J. Lockhart, R. Lacy, J. G. Harper, H. G. Roberts, T. S. Farrar, D. O. R. Jones, C. Trow, A. H. Edmison, J. K. Simons, P. E. Doolittle, W. J. Gunne, equal; H. H. Hoover, O. Totten, J. J. Paul, J. A. Watson, equal; H. S. Bingham, J. A. Couch, equal.

Class III. J. Ferguson, W. H. Pepler, A. F. Baumann, L. W. Thompson, A. T. Woodward, F. G. Lundy, H. J. Caldwell, J. Evans, G. Leitch.

Allowed the Examination. R. A. Barber, J. G. White.

COCAINE.

SCIRRHUS BREAST.

Dr. J. Herbert Simpson, in *London Lancet*, reports a case of scirrhous breast removed by him a year ago, and in which two very hard and painful nodules had re-appeared. After injecting three minims of a four per cent. solution of cocaine, on either side of each nodule, he was able to remove them without causing the slightest pain.

CHORDEE.

A writer in the *New England Monthly* reports two cases of chordee relieved by cocaine, after everything else had been ineffectually tried. Ten minims of a four per cent. solution were injected into the urethra, mixed with 30 minims of water.

GOUT.

A two per cent. solution applied locally to several cases of gout has given very satisfactory, though only temporary relief, in the hands of Dr. Davidson of Philadelphia.

PRURITUS ANI

is another of the annoying affections that is said to be cured by cocaine; and, travelling up to the other end of the line, acute nasal catarrh is said to be relieved at once by an injection into the nostrils. In fact, there cannot be an accessible piece of mucous membrane that has not felt its power.

OPIUM HABIT.

E. Merck, the well-known German chemist, gives the experience of several showing very good results in the opium habit. In some cases it was possible to stop the morphia at once by injecting about $1\frac{1}{2}$ grains whenever the craving came on, and a cure soon followed. Dr. DaCosta, at a meeting of the College of Physicians of Philadelphia, pointed out the fact that from $\frac{1}{4}$ to $\frac{3}{4}$ grains, hypodermically, acted well in cases of heart failure and weak heart, strengthening systole, the pulse becoming fuller, stronger and slower.

Meetings of Medical Societies.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

(From our own Correspondent.)

"MUSCULUS STERNALIS."

At a meeting of the Medico-Chirurgical Society of this city, held on March 20th, Dr. F. Shepherd read a paper, illustrated by specimens and diagrams, "On the Musculus Sternalis and its occurrence in Anencephalous Monsters." He first mentioned that the musculus sternalis was a supernumerary muscle, situated superficial, and at right angles, to the great pectoral muscles of the chest. It was sometimes continuous above with the sterno-mastoid muscle, or arose from the first piece of the sternum; below it might be inserted into the costal cartilages, or fascia, over the abdominal muscles. This muscle was described in the beginning of the seventeenth century, and from its resemblance to the upward prolongation of the rectus abdominis in many mammals was called the *sternalis brutorum*.

It was for many years considered the analogue in man of the prolonged rectus abdominis of the lower animals; later it was regarded as the downward prolongation of the sterno-mastoid. Again, Halberts has looked upon it as a new muscle, peculiar to man, having no animal representative. Prof. Turner and others regard this muscle as a remnant in man of the great panniculus muscle seen in many animals, as the horse, porpoise, hedgehog, etc.

In 1884, Mr. Abraham, of Dublin, while dissecting some anencephalous monsters, discovered that the musculus sternalis occurred very frequently in them, as he found this muscle in six out of eleven monsters. From these dissections he came to the conclusion, that the musculus sternalis belongs to the pectoral group. Prof. Cunningham, of Dublin, also held this view, and, in addition, advanced the theory that the musculus sternalis was a new inspiratory muscle appearing in man. He had traced the nerve supply in five cases to the anterior thoracic nerve, which supplies the pectoral group altogether in the derivation of the nerve supply.

Dr. Shepherd lately examined six anencephalous monsters which were in the Museum of McGill University, and in each found that this abnormal muscle existed in a well-marked degree. In three, the abnormal muscle was double; in several, it was of very large size, and was inserted into the costal cartilages. In all the cases on the side in which the abnormal muscle was present, the great pectoral was deficient, the musculus sternalis apparently taking the place of the absent portion of the pectoral. The nerve supply was traced in seven out of the nine muscles to the anterior thoracic; in the other two the nerve supply could not be satisfactorily traced. Dr. Shepherd stated his belief that this muscle belonged to the pectoral group, for the following reasons:—

1. On account of its nerve supply being same as pectoral muscles.

2. When present, great pectoral generally deficient.

3. Its continuity in many cases, either at its origin or insertion, with the great pectoral.

Dr. Shepherd remarked that from these dissections it might be inferred that the musculus sternalis existed as a normal condition in anencephalous monsters. Why, he was unable to explain, except that in these undeveloped beings there was a greater tendency to revert to early conditions. Although he agreed with Prof. Cunningham in looking upon this muscle as belonging to the pectoral group, he was not yet prepared to accept his theory, that it is a new inspiratory muscle appearing in man; and would await further light and further know-

ledge of comparative anatomy before pronouncing on the exact morphological significance of this muscle.

At the meeting held on the 3rd inst., Dr. Stewart exhibited a man affected with

TABES DORSALIS,

where there is marked exaggeration of the knee jerks. The patient, who is forty-two years of age, complains of dimness of vision, flatulency, and of shooting pains in various parts of his body. He dates his troubles to a "cold" which he contracted three years ago. Among the first symptoms he noticed were the darting pains which have troubled him with more or less severity ever since. Two and one-half years ago he suddenly became aware that he saw objects double, and on shutting his right eye he was surprised to find that the vision of his left was markedly diminished. This diminution in the vision of the left eye steadily progressed until a few months ago, since which it has remained stationary. During the past five or six months there has been a steady and progressive diminution in the vision of his right also.

He injured his back a few years ago, but neither at the time nor afterwards does it appear that he suffered in any particular way from this injury. In 1875 he had two sores on his penis, but there is no positive evidence whatever that those sores were of an infecting character; otherwise his past history was unimportant. There is nothing of importance to be derived from the family history.

His present condition is as follows: There is no paralysis or atrophy of any of the voluntary muscles, their mechanical, faradic and galvanic irritability are normal. All the superficial reflexes are more or less exaggerated with the exception of the plantar. The cremasteric reflex is especially exaggerated. The patellar reflexes are exaggerated, as are also the triceps reflexes, but only to a slight extent compared with the patellar.

The organic functions of defecation and micturition are considerably interfered with, while the swallowing reflex is normal.

Shortly after urinating he is able, by "pres-

sing hard," to pass a number of ounces of urine. That the sphincter of the bladder suffers as well as the detrusor is shown by the fact that when the desire to urinate comes on, unless he is ready, the urine floats away in spite of all his voluntary efforts to retain it. Although not troubled with constipation, he has difficulty in expelling the contents of the rectum.

The "shooting pains" which trouble him are, for the most part, situated in the lower extremities. Sometimes, however, they have their seat in the hands, arms, trunk, face, neck, and even the ears. He has no delayed sensations, but he frequently experiences a sensation as if some one was pinching him or pulling from within outwards, a pain through his skin. There is no inco-ordination or disturbance of the muscular sense.

Dr. Buller's report of the condition of the eyes: "Argel Robertson pupil. There is very considerable atrophy of both optic nerves, with great limitation of the visual fields, especially of the left. The nerves are pale and of a blue gray colour. The bloodvessels are very small. There is no evidence of a previous inflammatory condition." The functions of the remaining cranial nerves are normal.

Dr. Stewart remarked that there was no doubt that the man was suffering from tabes dorsalis, despite the fact of the marked exaggeration of the patellar reflexes. There were present two of the three characteristic symptoms of this disease—the lightning pains and the reflex immobility. In addition there was the optic nerve atrophy, the temporary diplopia, together with the bladder and rectal symptoms, forming a combination of symptoms that, at least up to the present, have only been described under the head of that myriad-sided disease, tabes dorsalis.

Absence of the patellar reflex, Dr. Stewart remarked, is looked upon as one of the most important and earlier symptoms of the disease. A few cases have been recorded where it has not been absent, but up to the present time he had not read of any case where it was exaggerated. On theoretical grounds it had been suspected that preceding the stage of loss of patellar reflex in tabes, there is a period when it is exaggerated. Even were this supposi-

tion true, it would not aid us any in this case, for it is one of considerable standing, although still in the pre-ataxic stage.

The increased reflexes cannot be explained by disease of the lateral column, for there is an entire absence of any increased turgidity, this symptom being next to the exaggerated reflexes the most trustworthy evidence of a sclerosing of the pyramidal strands.

Dr. Stewart concluded by stating that the honour of having made the diagnosis was Dr. Buller's, and it was owing to Dr. Buller's kindness that he was enabled to present him to the Society.

Correspondence.

To the Editor of the PRACTITIONER.

OIL OF WINTERGREEN IN RHEUMATISM.

Since reference has been made, by medical journals, to the use of oil of wintergreen in rheumatism, there being two different drugs bearing the same name, it seems necessary to distinguish them.

The ordinary oil of wintergreen is obtained from the leaves of a small indigenous plant—*gaultheria procumbens*, ord. *ericaceæ*. It is one of the principle articles of the *materia medica* of some Indian tribes, and is used by them for rheumatism.

Oleum gaultheriæ (Ph. U. S.) is used chiefly for flavouring.

The second oil of wintergreen is obtained from the bark of several species of willow, *salix alba* (Ph. U. S.), ord. *salicaceæ*. This oil taken internally, and applied externally by wrapping the affected part in flannel saturated with this oil, has produced happy effects in rheumatism.

J. E. GRAY, M.D.

COLDSTREAM, Ont. April, 14th, 1885.

To the Editor of the PRACTITIONER.

HIGHER SCHOLARSHIP AT MATRICULATION.

I do not write you for the purpose of advocating the demand of a higher standard of education, as preliminary to the study of medicine. I take it for granted that every

intelligent, educated physician feels that our requirements for matriculants of the College of Physicians and Surgeons are exceedingly low. They are lower than that of *any other* profession in which degrees are obtained. Take, for instance, law, civil engineering, etc.

Now, this is certainly derogatory to the profession, ancient and honourable as it is, and desiring to retain its position among the learned professions. I say *retain*, because the other professions have advanced their demands from applicants for entrance.

Medical matriculation, at present, is on a par with the matriculation required by the Dental Society; and I take it for granted that every one admits the necessity for a physician to be a more thoroughly intelligent and educated man than a dentist—not desiring to speak disparagingly of dentists. They certainly deserve much credit for the guard which they have placed at the entrance to their calling. I was hopeful (and I doubt not many of my fellow physicians were hopeful also) that university federation would do away with the Medical Council, and at the same time protect the medical profession from the admission of poorly-educated students; but university federation is, to all appearances, a thing of the future, and, to my mind, not of the near future either. Such being the case, it is the duty of the Council to demand higher preliminary qualifications from intending students.

If a university degree were the sole means of securing matriculation as a student of medicine, so much the better for the intelligence and credit of the profession. And such a qualification is not too high, nor would it too greatly lessen the number of medical students, since men who do not enter the profession now would then see in it a better recognition of, and reward for, the scholarship. The schools would, of course, object to such a barrier being placed in front of their chances for increased incomes. But should the interests of the medical schools be allowed to interfere with the standing of the profession by cramming it with men whose educational attainments are scarcely sufficient to qualify them for the duties of an ordinary artizan?

Will the Council move in this direction?

Should they not do so, I cannot see what use there is for their existence, since they have altogether ceased their endeavours to bring quacks to task, and this latter—the protection of the profession from ignorant impostors and the elevation of the standard of medical education—was the sole object for which, according to the best of my knowledge, the Council was organized. If their useful functions have ceased, I am positive the members of the profession throughout the country will not enjoy the privilege of paying annually into the treasury of the Council.

Yours faithfully, M.D.

Book Notices.

Popular Science Monthly for May, 1885. New York : D. Appleton & Co.

Readers of the *Popular Science Monthly* can be quite sure of their money's worth in the May number, which is full of articles rich in thought and information on leading questions of the day.

The Diaphragm and its Functions: Considered Specially in its Relations to Respiration and the Production of the Voice. By J. M. W. KITCHEN, M.D. "The Voice," First Prize Essay. Edgar S. Werner, Albany, N.Y. Flexible cloth, \$1 net, post-paid.

A Practical Treatise on Palatable Prescribing. By B. W. PALMER, A.M., M.D. Detroit : Geo. S. Davis, 1884. Flexible cloth, \$1.

This work contains the favourite formulary of some of the most eminent medical and surgical authorities, collated from their published writings and private records, and embraces a *resumé* of the most eligible prescriptions for the administration of recent additions to the *materia medica*. The author has shown great discernment in making his selections, and the book will be of service especially to the younger practitioners.

A Handbook of Ophthalmic Science and Practice. By HENRY E. JULER, F.R.C.S. 467 pp., large 8vo. Philadelphia : Henry C. Lea's Sons & Co.

The author has fairly justified his right to add another to the large number of works

on Ophthalmology already before the profession. To a judicious, well-written, yet concise account of all the important affections of the eye, he has added a careful description of the normal and morbid anatomy and histology, enhancing the value of the latter by very well-executed chromo-lithographic plates. There are also a number of coloured drawings of ophthalmoscopic appearances, together with 125 wood engravings. Optical defects are fully discussed, and there is ample reference to colour-blindness. The typography and general execution of the work reflect great credit upon the publishers.

Diseases of the Urinary and Male Sexual Organs. By W. T. BELFIELD, M.D. New York : Wm. Wood & Co., 1884.

This volume forms the October number of the Wood's Library for 1884. It does not deal with venereal diseases more than incidentally. The teaching of the Vienna school is recognized in the warm eulogium accorded to the endoscope. The first part of the book is taken up with the examination of the urethra, bladder and urine, and the diseases of the kidneys and bladder ; the second part with the prostate, seminal incontinence, impotence, and sterility. The illustrations are not numerous, and consist principally of the representation of microscopic urinary deposits. The work is well worthy of careful perusal, embodying, as it does, the results of the latest modern diagnostic methods, and the therapeutic hints are sound and practical.

Human Osteology. Comprising a description of the bone, with a delineation of the attachment to the muscles, the general and microscopic construction of the bone and its developments. By LUTHER HOLDEN, ex-President and Member of the Court of Examiners of the Royal College of Surgeons of England, &c., &c. Assisted by JAMES SHUTER, F.R.C.S., M.A., M.B., Cantab., Assistant Surgeon to the Royal Free Hospital, &c., &c. With numerous illustrations. Sixth edition. New York : William Wood & Co., 1885.

This book is the first number of "Wood's Library of Standard Medical Authors" for 1885, and if it is a type of what we may expect during the balance of the year, we would recommend every member of the profession to subscribe.

Fifteen dollars for the twelve volumes is not a large price. This is the sixth edition of this well-known work, which has been revised, re-arranged, and several of the plates re-drawn.

The Science and Art of Surgery. By JOHN ERIC ERICKSEN, F.R.S., LL.D., F.R.C.S. England. Eighth edition, revised and edited by Marcus Beck, M.S. and M.B. Lond., F.R.C.S., etc., with nine hundred and eighty-four engravings on wood—Vol. II. Philadelphia: Lea Brothers & Co., 1885.

It is impossible to speak in too flattering a manner of this grand, classic work on surgery, which has stood for years at the head of all treatises on surgical injuries, diseases and operations.

This volume opens with chapter 37th and is concluded with chapter 75th. It deals with surgical diseases of the skin and its appendages, diseases of the nervous system, diseases of the lymphatic system, diseases of the arteries, aneurism, diseases of the joints, deformities, plastic surgery of the face and mouth, diseases of the throat, diseases of the abdomen and its contents, diseases of the genito-urinary system, and the operations in these parts, etc. This edition is now being translated into Spanish and is appearing in monthly parts.

Corrosive sublimate as an antiseptic is treated of in the appendix. The article concludes as follows:

"So far as the evidence goes at present it may be said that mercuric chloride has been proved to be a most powerful and efficient antiseptic, and to be capable of being safely used in the treatment of wounds, but as with all other really potent antiseptics, it is locally irritating and generally poisonous; and as it possesses these properties in a higher degree than most others, a corresponding degree of caution is necessary in the preparation of the solution and dressings and in their use."

Speaking of Keith's wonderful success in hysterectomy, Dr. John Homans says: "Dr. Keith owes his success to his careful, patient operating, and to the fact that he blames himself if his patients die, and not the climate, or spray or the surroundings."

Miscellaneous.

Castor oil is said to be the most satisfactory lubricant for catheters.

Sir William Jenner was re-elected President of the Royal College of Physicians of London.

A qualified druggist is now in charge of the dispensary at Toronto General Hospital.

The number of physicians practising in the United States in 1870 was 62,000, against 86,000 in 1880.

At the April sitting upwards of 400 presented themselves for the "primary" examination of the Royal College of Surgeons, England.

Mr. Frederick Treves advocates abdominal section as a resort in acute peritonitis, and has reported a case where the measure proved successful.—*North-West Lancet.*

A TERRIBLE LOSS.—The Bradreth patent medicine works, at Sing Sing, were destroyed by fire a short time ago, and the material for several million pills destroyed, so that suffering humanity will have to get along as best it can on the old stock on hand until the establishment is again in running order.—*Gailliard's Medical Journal.*

A man, aged 39, died last week in the Birmingham workhouse, whilst under the influence of chloroform-vapour, which had been administered to him for the performance of an operation, for the cure of subclavian aneurism. An inquest was held and a verdict returned of "Death from chloroform, properly administered."—*British Medical.*

The best advertised doctor in Germany is Scheninger. He is Bismarck's pet, and the detestation of the regular physicians. While in Munich years ago, he is said to have had an affair with a woman, for which he was expelled or dropped from medical societies. He is said to have an enormous practice. His licentious notoriety seems to have added to his popularity with large numbers of women.—*Detroit Lancet.*

FOR CONSTIPATION IN YOUNG CHILDREN.—Dr. Poulain, in *British Medical Journal*, extols the use of a tablespoonful of fine bran night and morning, in a cup of bread and milk. The bran is warmed in the milk and then poured on the bread.

Ether, as an expectorant in subacute or chronic bronchitis, is placed before all other remedies of this class by Dr. Kemper, in the *Therapeutic Gazette*. 5 to 10 drops on sugar every 3 or 4 hours is the dose. It can be used by inhalation also.

DENTAL MALPRACTICE.—Dentists are likely soon to realize the responsibilities of treating diseased teeth and leaving them in the patient's jaws. Dr. Osmun, of Newark, N. J., reports a case in the *Dental Cosmos* of a lady who had a wisdom tooth "treated" and filled, and seven months afterward it was discovered that an extensive alveolar abscess had developed at the root; this was followed by great rigidity of the jaws, necrosis, absorption of pus, and pyæmia. The woman had previously been in excellent health. Dr. Osmun said: "I had the hardest work in the world to keep that woman from bringing a suit for malpractice against the dentist who had filled the tooth." It would be well for dentists to remember that the treatment of diseased tissues requires a medical education.—*N. Y. Med. Record*.

The *Lancet* of April 4th, referring to a case where a surgeon sued for the amount of his account, says: "The charges were, roughly, at the rate of 7s. 6d per visit and 2s. 6d. for medicine. The visits often occupied from three quarters of an hour to an hour. The distance from the patient's house was two miles, and the defendant was in good circumstances. In spite of some medical evidence on the defendant's side, alleging the excessiveness of the fees, the judge allowed them, and remarked that he did not know a class of men who were paid worse than doctors in the country. He considered the charges were quite reasonable. We refer to this judgment with pleasure. Medical men are perhaps a little too slow to assert their legal claims against ungrateful patients.

A St. Louis medical college recently, in a moment of weakness, yielded, tentatively, to the demand of the profession, that the recipients of medical diplomas should know something about medicine; and just for the sake of experiencing the sensation, actually plucked a candidate for its degree. The result was very disastrous—to the student. The horrified young man felt the injury which had been inflicted on him so keenly that he went out and committed *felo de se* with a gun. We trust this experiment of the St. Louis brethren will have its effect on college professors everywhere. To thus suddenly institute the requirement of any knowledge of medicine of their graduates, would be to run the risk of making cadavers a drug on the market.—*Medical Age*.

THE DIVULGENCE OF PROFESSIONAL SECRETS.—A physician who was also a pharmacien, but who practised only in the latter capacity, lately died. Dr. Constantin Paul, in announcing the event at a meeting of the Société de Thérapeutique, of which the deceased gentleman was a member, stated that the death was caused by tubercular meningitis, of which he had an attack ten years previously. The Insurance Company in which the deceased had insured his life for 200,000 francs, or £8,000, having taken note of this circumstance, has refused to pay the widow, on the grounds that her husband's life was insured subsequent to the attack he had ten years before, he being at the time the subject of a fatal malady which eventually carried him off. The case, which is interesting from more than one point of view, is pending, and it is said that if the Insurance Company should persist in their refusal, Dr. Constantin Paul will be prosecuted for divulging a professional secret. Examples of this kind are daily to be met with, for we see in the medical and lay papers full descriptions of maladies of persons of note, ante mortem and post mortem. At this very moment the nature of the malady from which General Grant is suffering is being publicly discussed on both sides of the Atlantic, and so was that of General Garfield and M. Gambetta, and yet no one ever dreamt of prosecuting the authors of the published articles.—*Paris Letter—Lancet*.

THE Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS AND PROPRIETORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

SUBSCRIPTION, \$3 PER ANNUM.

Literary Communications may be addressed to any of the Editors. All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 40 Queen Street East.

TORONTO, JUNE, 1885.

Original Communications.

NOTES ON A CASE OF MOLE PREGNANCY, HYDATID MOLE, OR MORE PROPERLY SPEAKING CYSTIC DEGENERATION OF THE CHORION:

BY ALEXANDER DAVIDSON, M.B., M.R.C.S. ENG.

Mrs. W., æt. 45, of dark complexion, has borne several healthy children, last pregnancy was five years ago, when she was delivered of a healthy child, since then she has menstruated regularly until about the middle of January, 1885.

This lady consulted me on the 13th of March, 1885, complaining of being "completely out of sorts," had a constant feeling of nausea. her breasts were enlarged and painful, the areola around the nipple was quite dark in colour, with raised papillæ on its surface, the veins over the breasts were very distinctly marked, she had not menstruated since 18th of January last and her tastes and disposition were quite changed, to use her own expression she said "If it were not for my age I would consider myself pregnant again." Having assured her that although it was somewhat rare for pregnancy to occur at her time of life, yet her age was not an absolute barrier to the occurrence of conception, and her symptoms pointing so markedly to the existence of pregnancy, I deemed that to be her condition. I advised her to go home and wait the course of events, as there then existed no symptoms which should make me apprehensive of her case.

Upon this advice she acted, again returning to my office on the 18th of March, when she informed me that since our last interview she had "turned unwell," and that she also observed a "lump" in the lower part of her abdomen, and suffered no pain. I then made a physical examination of the uterus, which revealed the following condition. The abdominal walls were thin and flaccid, just above and behind the pubes in the mesial line, was a pear-shaped tumour to be felt, bi-manual examination now confirmed this tumour to be the uterus enlarged to about the size the organ assumes at the third month of pregnancy, the cervix was soft and thick, it was also fissured, the os uteri was patulous enough to allow the introduction of my index finger to nearly the whole length of the cervical canal, I could find nothing presenting. I may here mention that upon bi manual examination the enlarged uterus seemed to have more of a soft feeling like a bag of bran than the firm resisting feeling of a truly pregnant uterus.

I now saw my patient from day to day until April the 11th, when the hydatid was expelled. The flooding continued at intervals, sometimes in small quantity, sometimes in considerable quantity, and sometimes absent altogether for as long a period as twenty-four hours, the hæmorrhagic discharge was not the thick red of normal blood, but seemed to consist more of the watery element of the blood, as if the liquor sanguinis had been expressed from the blood clotting in the interior of the uterus.

No portions of the hydatid escaped with the hæmorrhage, as sometimes happens in these cases, and thus rendering the diagnosis easy.

The enlargement of the uterus was very rapid, reaching at the time of the expulsion of the hydatid as high up as an inch above the umbilicus, and measuring two inches in its transverse measurement. During the progress of the case I observed that the uterus was not steady in its enlargement, some days being somewhat reduced in size, and the next being again enlarged, this temporary reduction in size corresponded to the times when the flooding was most severe.

The pain at no time amounted to anything except at the termination of the case, when uterine action set in to expel the contents of the uterus.

The nausea was at times very severe. My reason for not exploring and emptying the uterus at an earlier period, was the fact that at no time did the life of the mother appear to be in jeopardy.

The point at issue here was the diagnosis. From my experience of this case, I would esteem the very rapid enlargement of the uterus, its soft and somewhat pulpy feel, and character of the discharge as very valuable signs in aiding me to a correct diagnosis of a similar case.

RECURRENT EXFOLIATIVE DERMATITIS.

(From the proceedings of the Toronto Medical Society.)

Dr. Graham presented a case of recurrent exfoliatis dermatitis. The patient was a young man of about twenty-five years of age. He was in the stage of desquamation, and the epidermis could be removed in large flakes, particularly on the neck and arms. The history of the case is as follows:

J. M., aged 25, printer; has been very healthy during life, except the attacks about to be described. About seven years ago he suffered from herpes zoster, which must have been of very severe character, as the cicatrices are still deep and well marked. When he was recovering from this disease, he was seized with exfoliative dermatitis. He had a chill followed

by fever. The skin over the greater part of the body became red and congested. This rash appeared about twenty-four hours after the chill. It commenced on the thighs and spread rapidly over the body. In four or five days desquamation commenced and continued for ten days or two weeks. The palms of the hands and soles of the feet were the last to shed the epidermis. The whole attack, including the herpes, lasted about four weeks. He was then quite well for four years, when in the spring of 1882, he had a second attack which resembled the one already described. This one lasted about two weeks. The third attack took place in the month of April, 1883, and the fourth in the corresponding month of 1884.

He is now suffering from the fifth onset of the disease. On Saturday, April 11th, he was taken with a chill followed by fever. The latter continued throughout the day. On Sunday morning he noticed a smarting sensation in the skin of the thighs. At the same time an eruption appeared which rapidly spread over the whole body. He was first seen on Tuesday, April 14th, when there existed a universal redness of the skin. There was no swelling or thickening. Pulse, 84. Temperature normal. Urine high coloured, with thick sediment, no albumen or sugar.

Desquamation began on Wednesday, April 15th, and continued for about a week. The epidermis came off in large flakes. The exfoliation was almost universal, and extended even to the palms of the hands and soles of the feet.

Dr. Graham pointed out the difficulty of diagnosing such a case from scarlet fever. The principal points are the absence of throat symptoms and the frequent recurrence of dermatitis.

A very extensive and fatal epidemic of typhoid fever has broken at Plymouth, Pa. Since April 17th from 1,000 to 1,200 persons have been attacked, of whom more than one hundred have died. The disease was introduced by a typhoid case from Philadelphia, and this virus was carried into the water system of the town.

Selections.

ATROPHY OF THE MUSCLES OF THE THORAX AND SHOULDER AFTER PLEURISY.

M. Desplats, of Lille, in a communication to the Société Médical des Hopitaux, says that, as in arthritis, even when acute and of short duration, we have rapid atrophy of neighbouring muscles, it is not surprising that inflammation of the serous membrane of the pleura causes atrophy of the neighbouring muscular masses. A number of observations have led him to determine—(1) That this atrophy is frequent and early to occur; (2) that it involves important modifications of respiration; (3) that it plays an important part in deformities of the skeleton; (4) that it is perhaps an indirect cause of tubercle of the lung; (5) that we possess efficient means to prevent, to treat, and to cure. Laënnec and Delpech long since recognized muscular atrophy and thoracic deformity consecutive to old and chronic pleurisies. This is not what M. Desplats refers to, but rather a rapid and acute atrophy, since at the end of ten days, in some pleuritics, we can determine already a flattening of the thorax on the affected side, a sinking of the false ribs, and modifications of the respiratory type. The atrophy is especially noticeable at the level of the pectorals, and the serrati whose digitations are diminished in volume. The intercostal spaces are lessened, and the ribs approach each other. We note an evident depression under the angle of the scapula, whose prominence is increased. The depression is striking also in the supra and sub-spinous fossæ. The autopsy of two pleuritics, who died from intercurrent accidents some weeks after the onset of the primitive disease, showed paleness of the tissue of the atrophied muscles, and diminution in volume of their bundles. The slightest increase of respiratory movements of the atrophied side of the chest is easy to demonstrate by the unequal extension of two tapes symmetrically placed. Auscultation shows diminution of the respiratory movement of the atrophied side; this cannot be explained sufficiently as has hitherto been done, by the lung being covered with fibrinous exudation. The influence of at-

mospheric pressure, the traction exercised by pleural adhesions, will not suffice either to explain the thoracic retraction; they act as one cause only, but the principal factor of deformity is in the atrophy of the muscles of the diseased side, and in the exaggeration of the antagonistic action of the muscles of the healthy side. Cannot muscular atrophy favour tubercular infection of the affected side? This is an hypothesis from the clinical determination of the frequency of tubercle consecutive to pleurisy on the one hand, and on the other, from the idea that the insufficient renewal of the air, and the diminution of circulatory activity in a lung imperfectly acting make of this lung a soil quite prepared for the springing up of bacilli, according to present ideas. The preventive and curative treatment should consist in the employment early and judiciously of the following methods: Favour the utmost possible free respiratory movements, by evacuating every effusion that is slow to be absorbed, as soon as we determine the immobility of the corresponding part of the thorax; stimulate by daily faradization the muscles that begin to atrophy; organize methodical respiratory gymnastics; give the patient baths of compressed air, or cause him to practise inhalations of air compressed by the apparatus of Waldenburg, the walls of the thorax being in the meantime exposed to atmospheric pressure alone.—*Gazette des Hopitaux*.
R. Z.

J. MILNER FOTHERGILL ON FOODS AND FEEDING.

A great deal of time is spent on materia medica with disproportionate results. A medical man now deals with a reputable druggist, and buys not raw materials, but preparations, many of them very elegant. Why should time be spent over acquiring knowledge which scarcely can ever come into play, when so much that is highly desirable is not even attempted? To my mind, being neither engaged in medical teaching nor examining, it would be far better to cut off much of materia medica from one end of the lectures on therapeutics and develop the other end into some lectures on foods and feeding, or the modifications of function in the assimilative

organs wrought both by disease in them and by general maladies like pneumonia or enteric fever. It is all very well to tell a man to put the patient upon slops and fluid food. But what are slops?

Some little time ago I was with two general practitioners, no bad specimens of their class,—one indeed decidedly a strong man, specially in a surgical direction,—when this question cropped up. Both got to beef-tea and milk and seltzer-water, and then the well of inspiration dried up. Nor were they behind others of whom similar interrogatories have been made. It may be all very well to say that my experience has been unfortunate; possibly it may have been; but at least it has been extensive, all must admit. As physician to a hospital of repute in the shape of the resident medical officer, favourable specimens of the latest teaching come under my notice, and it must be said that on this topic there remains to be taught much that would be useful alike to the young practitioner and his patients. The student may be taught the distinction between senega and serpentaria, calumba and rhubarb, cascarilla and cinchona, Epsom salts and sulphate of zinc or oxalic acid, and forget all about the distinctions shortly after the last examination has been *un fait accompli*. But who tells him to remember that the saliva is apt to be limited in acute pyrexia, and therefore the farinaceous elements of food must be given in a readily assimilable form if they are to be of any use to the patient? Arrowroot was in great vogue thirty years ago, and is certainly a very soluble form of raw starch: and, after all, solubility is the essence of digestion.

The physiologist cannot well enter into these matters of clinical medicine. The lecturer on Practice of Physic feels that he cannot include these matters in his course, already inconveniently large. Who, then, should teach the youthful mind these details, of such transcendent importance in acute disease when life is trembling in the balance and the question of supporting the patient has become imminent? Suppose the family decide to nurse the sick man: if the doctor cannot give directions as to the food and dietary, what follows? The

patient gets such things as the knowledge of the family can suggest, and the feeding of the sick person is a question of such scraps of information as the family and its intimate friends may be able to muster. Suppose the patient loathes milk, how has that strength to be maintained upon which the issues will turn? The medical man has been carefully taught the use of drugs, and the medical—or rather the medicinal—management of the case is excellent; but that alone will not save the patient, any more than a ladder could consist of one side-pole. Who is to teach the other half of the knowledge requisite to give sufficient succour to a man stricken down by acute disease? Certainly Sidney Ranger recognizes the necessity for some knowledge of foods suitable for the sick, and gives the ways of their preparation; but in what examination is a question on this matter ever asked? and without that the student will not get the subject up. He has enough to get up, he feels, without voluntarily and spontaneously adding to his load. Then when the examination is over he does not turn his attention to the neglected subject. Probably he does not make the discovery that some knowledge of food and feeding is desirable until by some accident the subject is forced upon his attention. Yet he is far from indifferent about the subject when it has once been borne in upon him, as the readiness with which he seizes upon anything that will help him when he has once awakened up to the importance of the matter testifies. This is a matter which will come before the practitioner from the moment he gets his first patient, yet no preparation is made for it. He never dreams of buying barks and roots in the natural state of the raw material, yet he is compelled to know them. How he has to direct the dietetic management of sick persons (and still more in pyrexial states) is never pointed out to him, yet surely such knowledge would be very useful to him—and to his patient.

Some time ago, in conversation with the manageress of one of the many Homes now springing up where paying patients can be nursed, the subject of feeding-sick persons cropped up, and she was very enthusiastic about “a twenty minutes’ pudding,” but of

what it consisted did not transpire. A tentative remark about the digestion of the starchy materials of our food flew past her unheeded. It was soon clear that of any rational ideas of digestion, theoretically or practically, she was in unilluminated ignorance: all she knew was a little empirical knowledge, and of that she did not possess a superabundance. Who, then, is to know this matter of feeding? Who is to tell the student of the difference betwixt raw or uncooked starch and cooked starch?—that in the latter the insoluble starch granule is not only cracked, but the starch is largely converted into soluble dextrin by exposure to heat? that by the addition of some such soluble carbo-hydrate to meat-broths they endow these broths with a decided food-value? and that the meat-broth itself is but an agreeable vehicle for some food? Yet this is what he ought to be instructed in, if he is to be fitted to meet disease. When the patient sinks of exhaustion, of what does he die? His stores of force are run out; but what is the material which constitutes the body-force? I should read with delight a lecture upon this topic by Dr. Austin Flint or Dr. Da Costa,—or perhaps some less illustrious physician will grapple with the topic. We know that when a patient declines all food he will die in a given number of days. If a healthy person be hungered, as by shipwreck, he also will live a given number of days. In the latter case death will come all the sooner if the surrounding temperature be low. In the former case the duration of life will be shorter as the body-temperature rises. There is a question of combustion involved. It may not be the whole question, but it is an important factor! Alcohol is a readily-combustible hydro-carbon: it is used freely in critical times. Does not the idea naturally suggest itself that somehow the store of glycogen—the body-fuel—is a cardinal matter? If this be so, it is evidently desirable to keep up the stock of this material so that it may not be exhausted. If raw or uncooked starch be employed, probably it is little acted upon by the diastase of the saliva, or even the diastase of the pancreas, both organs being crippled by the general malaise. But a starch which has been rendered soluble by previous baking or by the matting pro-

cess has been so modified that it is highly soluble.

I do not know how the matter stands in the United States, but as regards the mother-country, little, very little use indeed is made of those prepared foods spoken of—sometimes derisively—as “Baby-Foods,” either in cases of primary dyspepsia or in that debility of the digestive organs which is involved in serious morbid conditions. Yet by the addition of cooked starch, as biscuit-powder, to meat-broth, and of malt preparations to milk or milk somewhat diluted with water, foods nutritive and at the same time readily assimilable are furnished to the sick person. Of the advantage of a fairly competent knowledge of such foods, both in their chemical elements on the one hand and in their variety on the other, probably no one can be better aware than myself: and such knowledge has been of infinite service to me, or some grave delusion exists in my mind. We must, too, remember another aspect of the subject,—viz., variety. While we are in health we are apt to growl about the lack of variety in our food: how much more, then, the sick man! If the changes can be rung by different forms of meat-broths combined variously with different prepared foods, how much variety can be furnished to sick persons, and with that how much inducement to take that nourishment, so badly wanted and so hard to supply in many instances! Sago, tapioca, and rice or barley can all be placed in a slow oven and baked for an hour without scorching, and so be prepared for use in the sick room. When the patient is convalescing, a milk pudding can be prepared of such material, which requires but little of the digestive act. Or there are various forms of plain biscuits which are admirably adapted for use with broths or soups (the Channel Islanders always thicken their soups with biscuit broken fine or powdered). By such means a good and indeed substantial meal can be furnished to a phthisical person with softening tubercle and a feverish temperature,—a typical instance of enfeebled digestion due to general malaise. And as for gastric catarrh or atonic dyspepsia, such a meal would not be likely either to become enfolded in a layer of mucus or to present any difficulty as to the solubility. These may seem

very simple matters, scarcely worth putting on paper; but the professional acquaintance with them is not as ample as it might be with advantage to invalids and sick persons. When a medical man lifts his eyebrows or protrudes his lip when "Baby-Foods" are mentioned in relation to dyspeptics and persons acutely sick, the impression he makes on my mind is this: that he has not made a study of the matter of food and its digestion, and that he has yet to learn some matters which, when acquired, will enlarge his usefulness and strengthen his hands when he stands by the bedside of his patient.—*Extract from Letter Phil. Med. Times.*

NOTES UPON GLYCERINE.

Of the thousand and one uses to which we put this article of materia medica the following may be of special interest because of the simple and harmless nature of this substance:—In one drachm doses it acts as a safe emetic for infants and young children, and in combination with syrup of rhubarb prevents the astringent after-effect of this usual remedy. A small quantity vaporised alleviates in a great measure distressing coughs when the vapours are inhaled. In combination with a little tincture of iodine and iodide of potassium it has been prescribed with marked benefit in phthisical complaints. When ferric chloride astringent compounds of iron are administered for a long time, the glycerine prevents the iron exerting its powerful astringent action to a great extent: it should, however, be borne in mind that after a time reduction from the ferric to the ferrous state takes place, as was shown about three years ago in a paper read before the Pharmaceutical Conference by Mr. Schacht, of Clifton. In combination with rum and a little flavouring agent it has been used in place of cod-liver oil. With chloral hydrate, camphor, alcohol, and oil of juniper, as a liniment it has been used for rheumatism, for which it is well adapted, giving temporary, if not permanent relief, to that kind of rheumatism which can be reached by external application. Glycerine is said not to be absorbed by the skin, and is therefore recommended as a basis for such powerful medicaments as mercuric chloride for the treatment of such skin disease as scabies, etc. One and a half drachm of this

chemical dissolved in 3 f. oz. of glycerine is recommended as a useful application for scabies. Equal parts of glycerine and castor oil, when blended well together, forms an opaque emulsion-like mixture which acts as a mild and effectual aperient in one drachm doses. The efficacy of the castor oil is increased and its disagreeableness masked in no small degree. A mixture of extract cascara sagrada, tincture of belladonna, tincture of nux vomica, and glycerine, in suitable proportions, forms an admirable combination as a gentle tonic laxative. Glycerine is a powerful solvent and is capable of taking up one-sixth its weight of alum, which combination has been so recently recommended in the journals as a concentrated astringent solution to be kept at hand.—*Birmingham Med. Review.*

TREATMENT OF OBESITY.—The principal feature of Ebstein's treatment of obesity is the use of fat. The following is his dietary:

1. *Breakfast.*—In winter, at half-past seven; in summer at half-past six, a large cup of black tea without sugar or milk, 50 grammes of white or brown bread toasted, with plenty of butter.

2. *Dinner.*—Two to half past two, soup (often of bone-marrow), 120 to 180 grammes of roast or boiled meat, with a fat sauce to fat meat preferred; vegetables in moderation, preferably the legumissions; also cabbage. Carrots almost proscribed potatoes; entirely so. For desert, fruit is permitted, fruit stewed without sugar, or a salad. As drink, two or three glasses of light white wine. Also after dinner a large cup of black tea, without milk or sugar.

3. *Supper.*—Half-past seven to eight. In winter almost regularly; in summer occasionally a large cup of black tea, without milk or sugar. An egg or a piece of fat roast meat, or even both. A little fat ham, sausage, or fish smoked or fresh; about thirty grammes of white bread, with plenty of butter, finally a little tea or fresh fruit.—*Bulletin General de Therapeutique.*—R. Z.

Dr. Wilson, of Denver, Col., reports two cases in which the continued use of cocaine for two or three days produced opacity of the cornea.

TREATMENT OF DIPHTHERIA BY
COPAIBA IN LARGE DOSES.

BY DR. TALBERT.

A pupil of Bretonneau and Trousseau, I gave from, 1860 to 1868, calomel, I cauterized, I opened the trachea in diphtheria, and I lost two-thirds of my cases. From 1866 to 1872 I gave copaiba and cubebs according to Trideau's formula. I lost half my cases. Many children refused to take these medicines, or did not retain them. In 1872 I tried the saccharate of cubebs of Delpsch. The children took it well, but with no better result. In 1873 a very severe epidemic in rural district. An old German physician treated by bleeding and blistering. He lost his first ten cases. I came next, I used saccharate of cubebs in large doses; the children were merely temporarily benefited. In short, I lost my first ten cases. My eleventh took in large doses, and bore it well, the following:

| | |
|-----------------------|-------------|
| Copaiba | 80 grammes. |
| Essence Peppermint .. | 30 drops. |
| Gum | 20 grammes. |

Mix and add—

| | |
|-------------|--------------|
| Syrup | 400 grammes. |
|-------------|--------------|

Beat up rapidly and add—

| | |
|-------------|-------------|
| Water | 50 grammes. |
|-------------|-------------|

My patient had intense urticaria. From this moment, as if by enchantment, the hoarse cough, aphonia, and false membranes disappeared. The twenty-two patients seen after this eleventh have followed the same treatment, and been cured. Sceptics may say the epidemic was on the decline. But since 1873 up to this day I have pursued the same treatment. I have been called to over 300 cases of severe diphtheria, even very severe, several having been given up by confreres. I affirm that I have cured by copaiba, in large doses, all cases of diphtheria that have not reached the third stage, that of anæsthesia.—*Journal de Médecine de Paris*.

R. Z.

FETID PERSPIRATION OF THE FEET.—M. Vieusse, of the Hospital d'Oran, concludes that fetid sweating of the feet can be cured by friction with powdered subnitrate of bismuth—no bad effects follow the suppression of perspiration. Sometimes the perspiration returns, but without fetor, and the soreness and pain are cured.—*Bulletin General de Therapeutique*.

A SIMPLE EXPEDIENT IN THE MAN-
AGEMENT OF STRANGULATED
HERNIA.

Dr. S. H. Hurd, of Long Branch, N. J., writes to the *Medical Record*:

"Under the above caption, Dr. C. A. Stewart, of Chicago, calls attention in *The Record* to a simple expedient he has resorted to successfully in five cases of strangulated hernia after taxis had failed. It consisted in dilatation of the constriction which produces the strangulation at the abdominal ring, by passing the finger along the inguinal canal, carrying the integument before it, until the constricting ring is felt. The finger is then gently insinuated into the opening, and, if the band of opposing fibres does not yield readily, gentle pressure is made against the upper border of the ring until it is felt to give way, when a resort to taxis again will ordinarily result successfully. Last year, I called the attention of the members of our County Society to this plan, and its happy results in several cases."—*Medical and Surgical Reporter*.

ON BURIED SUTURES, WITH RE-
MARKS ON THE IMPORTANCE OF
SUTURING SEPARATELY, PERIO-
STEUM TO PERIOSTEUM, MUSCLE
TO MUSCLE, DEEP FASCIA TO DEEP
FASCIA, AND SKIN TO SKIN, AFTER
DEEP INCISIONS OF ALL KINDS.

BY C. B. KEETLEY, F.R.S.C.,

Senior Surgeon to the West London Hospital; Surgeon
to the Surgical Aid Society.

Buried sutures, or "sunk sutures," as they have been also called, are such as are completely covered by the skin, and do not involve that structure at all. In the form of sutures uniting the fragments of fractured bones, especially the olecranon and patella, they have long been employed, and also as sutures to unite divided nerves and tendons, as well as wounded veins, intestines, and other hollow structures. But all the above mentioned forms of buried suture differ essentially in their objects from those to which I wish to call attention. The former have each a narrow and very limited, though, perhaps, extremely important aim. For instance,

a patella is sutured with a view to getting secure bony union, a wounded intestine with a view to preventing extravasation of feces into the abdominal cavity.

The sutures of which I now wish to speak, are employed with intent to influence the whole course and final result of wounds in general. For instance, let us suppose buried sutures of the first kind to have been used to unite the two ends of a divided nerve; the use of the other kind of buried sutures would now commence, and proceed as follows.

Whatever muscles or aponeuroses had been divided in cutting down upon the nerve would be restored to their original relationships, and kept there by aseptic animal sutures, such as carbolic gut; then the wound in the deep fascia would be separately sewn up. Finally, the wound in the skin would be closed by either catgut or silver, or whatever might be preferred. What good do we expect to get from this?

1. We need no drainage-tubes. No spaces or pockets are left wherein blood or serum can collect, and, therefore, it does not collect. I presume that all wounded vessels, of a size such that the blood-pressure would force blood out of them in spite of the buried sutures, have been carefully secured, and that the wound is thoroughly aseptic.

2. The sutured muscles and aponeuroses are eventually perfectly restored as regards function, as also is the deep fascia. Even the deep fascia has important functions, especially in certain localities, and in connection with the following points.

3. Deep, rough, and depressed cicatrices are avoided.

4. Necrosis of bone and sloughing of soft tissues are prevented.

I will describe briefly two or three of the above cases and their results. In amputating the leg, two lateral and very short rounded skin-flaps were made. A very short distance (about half an inch) above the angles of junction of the skin-flaps, the muscles were divided by a circular sweep. The periosteum was divided nearly as low down as the muscles, and turned back up to the level where the bones were divided. The periosteum must be reflected to an eighth of an inch or more beyond the point

of division of the bone, and carefully held out of the way, without being stripped further up, while the saw is being used. Next, the vessels are tied until it is time to put in the sutures. About three or four will draw the periosteum securely over the cut surfaces of each bone, leaving a small opening opposite the medulla. Next, the muscles and aponeuroses of the extensor side are united to those of the flexor side, more or less *en masse*, by five or six sutures of strong catgut. These sutures had better not, as a rule, be made to go quite through to the deep surfaces of these structures, but should be half an inch to one inch from the cut edges at the superficial surface. The bones are thus completely covered. Next, the deep fascia should be separately sutured, and lastly the skin.

Almost the first time I ever tried buried sutures was in an amputation of the leg (middle third) done in February 1884 in the West London Hospital. The flaps, when thus sewn up, were too tight to allow room for a drainage-tube to be inserted without violence. Therefore none was used, except one of very small size passed through one corner of the skin-incision, but not into the depth of the wound. This case was further complicated by the fact that, owing to an unhealthy condition of the marrow, the medulla of both tibia and fibula was scraped out right up to the upper epiphyses of those bones; and the medullary cavities, thus emptied, were injected with liquor hydragryi perchloridi (whose strength, it may be remembered, is just over 1 in 1,000).

Healing took place throughout by the first intention, except as regards the skin, which gaped a little when its sutures gave way. However, the muscles, and doubtless the perioscal sutures, held on; and the edges of skin soon, as it were, crept together again. The temperature rose on several days to 101°, and then gradually sank to normal on the tenth day. There it remained, except that, once or twice during the next month, it rose to 102°, for no reason in any way connected with the stump, as far as could be made out. The patient has long been quite convalescent, and is using an artificial leg.

After the excisions, the wedge-osteotomies and the suturing of the patellæ, the excellent

results, as regards freedom of the skin-cicatrix from cicatricial anchorage to the bone, were very manifest. They contrasted strongly with the deep valleys which soon follow incisions for resection, when sutured in the ordinary way. This good effect is, of course, particularly valuable in the face.

The large abscess-cavity in connection with the necrosed symphysis pubis extended outwards as far as the iliac crest, and was nearly as wide. It was supposed, when sent to me, to be an inguinal hernia. I slit it up, scraped out its lining thoroughly, and closed it in with sutures which passed from side to side beneath its floor, but not through the skin; it was thus reduced to a long narrow and shallow groove. This I closed with superficial sutures. The deep sutures held on till the depth of the cavity was obliterated by the healing process. At the lowest angle of the wound, a drainage-tube was passed straight down to the small cavity from which the necrosed symphysis had been extracted.

In no cases have I found these sutures more brilliantly successful than in dealing with sebaceous cysts of the head. Having dissected out three from the scalp of a gentleman, I obliterated the remaining cavities by two buried sutures in each, passing them well beneath the floor of each small wound. No cutaneous sutures were used at all; the skin wounds did not gape. Over the wounds was placed a coat of salicylic acid dissolved in ether, as well as a little powdered salicylic acid. No bandages were used. The patient went daily to his work at Somerset House, attended a garden-party in the meanwhile, and, a fortnight afterwards, washed the salicylic scab, as it might be called, off three sound linear cicatrices. It is important to say that he was not allowed to brush his hair during the treatment; it was kept both tidy and aseptic by occasionally sponging with a wash containing spirit, corrosive sublimate, and rose-water.

In conclusion, I have to say that it is only in strictly antiseptic surgery I would venture to recommend the use of these sutures; but that, in the case of all surgeons who have faith in antiseptic theory and practice, they will find in buried sutures an effective and beautiful addition to their methods.—*Brit. Med. Jour.*

APOMORPHIA FOR ALCOHOL POISONING.

Dr. Gresor, district surgeon at Port Elizabeth, relates a case of alcohol poisoning successfully treated by the subcutaneous injection of one-fifth of a grain of apomorphia, which he states is interesting as an instance of life saved by the prompt administration of a new remedy for narcotic poisoning, especially when insensibility is too complete for the administration of an antidote by the usual route.—*Druggists' Circular.*

TREATMENT OF CARBUNCLE.

Dr. L. Duncan Bulkley, of New York, read a paper at the meeting of the American Medical Association on the treatment of carbuncle without incision.

He related the case of a gentleman, aged 56, large and florid, who suffered for several years with eczema of the left foot. He was also diabetic. Following upon this eruption was a large carbuncle. He applied to this tumour, thickly spread on the woollen side of lint, the following ointment:

R.—Ergot. fl. ex. ʒij.
Zinci oxidi ʒss.
Unguent. aq. rosæ ʒij.—℥.

Covering this was cotton-batting, to prevent blows or injury. He was given sulphite of calcium $\frac{1}{4}$ gr. every two hours and occasionally the following:

R.—Magnesiæ sulphat. . . . ʒiv.
Ferri sulphat. ʒj.
Acid. sulphurici dil. . . . ʒij.
Syr. zingiber. ʒj.
Aquæ ad ʒij.—℥.

S.—Teaspoonful in water through a tube three times daily.

At bedtime, Dover's powder was administered to give rest when required. The result of the treatment was the cessation of pain, rapid resolution, and a cure, except some induration, in eighteen days. The man continued at his work.

He summed up his paper as follows:

1st. Avoid any irritation, as pressure, blows, etc.

2d. Avoid warmth and moisture, as in poultices.

3d. Avoid incision.

4th. Do not use stimulants.

5th. Protect the inflamed parts with the ointment given above. The solid extract of ergot may be used if desired. Spread the ointment at least one-third inch thick.

6th. Use sulphite of calcium every two hours for its effect upon suppuration.

7th. Employ good, nutritious food, and fresh air.

8th. A sedative, if desired, and occasionally the laxative and refrigerant tonic as above.

The advantages are:

1st. Short time required for recovery. 2d. Cessation of pain. 3d. No scar. 4th. No operation. 5th. No detention from business.

Dr. Hibberd, of Indiana, said that up to a year ago he had tortured his cases with poultices, incisions, and the orthodox measures generally. Since then he had used in every case oleate of morphia. He had this rubbed gently into the base of the tumour, and gradually encroaching upon the tumour itself, every three hours. The pain always ceased within twenty-four hours, and in ten to fifteen days the patients were well, except a little induration.

Dr. Savage, of Tennessee, three years ago began the use of cantharidal collodion applied in a ring one-half to one inch broad around the base. This forms a blister and eases the pain at once. He makes a small incision, also, if pus has formed. In one case he applied a cantharidal plaster over the whole tumour and extending beyond it, with excellent results; the patient, a farmer, was following the plough in a week. He gives internally calcium sulphite, one-fourth of a grain, four times daily.

Dr. Bulkley said that he uses this form of treatment in large and small tumours. He lets them run their course, protecting them as much as possible and allows nature to do the opening. In using calcium sulphite, it is important to be sure that it is fresh; the gelatine-coated preparation is preferable. Exposed to the air, it becomes gypsum. He had not used oleate of cocaine.—*Med. News.*

Dr. Robert Koch has been nominated professor of hygiene, at the University of Berlin.

LEVIS'S METALLIC SPLINTS, FOR FRACTURE OF LOWER END OF THE RADIUS.

FROM AN ARTICLE BY R. J. LEVIS, M.D.

Surgeon to the Pennsylvania Hospital, and to the Jefferson College Hospital.

"With the object of retaining the apposition of the fractured surfaces, by overcoming displacing forces, I have practiced for many years on the principles involved in the splint here illustrated, the application of which will not require much description.

In the treatment of fracture of the lower end of the radius it is essential that proper allowance be made for the curvature of the anterior or palmar surface of this part of the bone. This is insured in the splint which I have devised, which follows correctly the radial curvature; and the fixing of the thenar and hypo-



thenar eminences of the hand in their moulded beds, maintains the splint immovably in its correct position with reference to the radial curve.

To neglect of complete primary reduction of the displacement of the lower fragment, and to inefficient restoration and retention of the normal radial curve, are due the frequent unfortunate sequences of this fracture.

The splint is made of copper, so as to be readily conformable by bending to suit the peculiarities of size and form of forearms. The slight roughness left on back of splint from perforations is for the purpose of keeping the bandage from slipping. It is nickel-plated to prevent oxidation.

The splint will usually fit the forearm so accurately that but little padding will be required, and a piece of woven lint, or of cotton or woollen flannel is all that is necessary for its lining. No dorsal splint is needed, but, as before referred to, a small pad will, in most cases, be required over the dorsal surface of the lower fragment. For retention of the splint an ordinary bandage, two inches and a half to three inches wide, is all that is necessary.

This splint has the merits of being applicable to all cases of fracture of the lower end of the radius, and also to many other injuries involving the forearm and wrist, and, as now supplied, is very inexpensive."*

DEATH FROM THE COLD DOUCHE.

Dr. L. C. Armstrong communicates the following to the *Weekly Medical Review* :—

On the 28th of January, 1885, Mrs. S., a widow, 23 years of age, pregnant in the fifth month with her second child, met her death under the following startling circumstances :

On the afternoon of the above date Mrs. S., while entirely alone, took advantage of the absence of her parents to try what virtue there might be in the cold douche, when directed against the os uteri, towards producing an abortion. She had a few days before expressed to her sister the desire for riddance from her present condition, wishing to be delivered of the child in utero.

For two hours her parents were absent on that afternoon, from 2 to 5 o'clock. On their return they at once on entering the house missed their daughter, Mrs. S., in whose care they had left their home during their absence ; on making search for her they sought her bed chamber ; finding the door locked, an entrance was forced.

*Price \$1.00 for each piece. Manufactured by J. Ellwood Lee, Conshohocken, Pa.

A sad sight met their gaze. There lay the dead body of the daughter whom they had left in perfect health not three hours before. Between her limbs was a basin of cold water, in which lay a Davidson syringe.

No *post-mortem* examination was made, but the testimony before the coroner and jury proved very clearly that no drug had been taken.

It was evidently a case of death from shock produced by the stream of cold water thrown with criminal intent into the vagina and against the congested os of a pregnant uterus.

The patient was an extremely healthy lady, who had suffered but little in her first labor ; and that this strong constitution should so suddenly succumb to the cold douche should indeed be a warning to women of the danger in the use of so simple an instrument as the Davidson syringe.—*Medical and Surgical Reporter*.

THE FREE USE OF CAUSTIC POTASH IN THE TREATMENT OF CANCER OF THE CERVIX UTERI.—

Dr. Herbert Snow read a paper on this subject before the Medical Society of London, in which he reviewed the statistics of extirpation of the uterus, and showed the severe mortality which followed the abdominal or the vaginal operation. In many cases, the *écraseur* was unable to remove the whole of the disease of the cervix uteri. The actual cautery had too superficial an action to be of any great service. Chloride of zinc caused much pain and distress, which lasted a long period. These objections did not hold with regard to potassa fusa. Half an hour or an hour was recommended to be spent in the employment of successive sticks potassa fusa, for the treatment must be thoroughly carried out. None of the cases suffered from peritonitis : and unless the patient got up too soon after the operation, nothing distressing need be feared. All the cases were greatly benefited, and no alarming symptoms were encountered. Fixation of the uterus and infiltration of the vaginal wall were regarded as prohibiting the employment of this method of treatment. It was only by degrees that he had ventured to apply the caustic so freely as he now advocated. He illustrated the paper by narrating several cases in which the treatment had been adopted. The

object of the paper was to show that potassa fusa could do all that the vaginal cutting operation could perform, without running the risk of the severe operation.—*Brit. Med. Jour.*

FATAL CHICKEN-POX.—Two fatal cases of chicken-pox, one reported by Dr. G. W. Rachel, in the *Archives of Pediatrics* for April, 1884, the second by Dr. J. V. Wichmann, of Copenhagen, in the *Nordiskt Med. Arkive*, xvi., No. 20, show that varicella is not always the mild disease which is its general characteristic.—*N. Y. Med. Record.*

A CASE OF SWEATING TO DEATH.—Dr. Andrew Scott Myrtle, in the *Medical Press and Circular*, describes the case of a hale, active, intelligent man, aged 77, who, while in the full enjoyment of health on one day, on the next was taken with flying pains in the right hip, thigh and foot, for which he kept his bed for three weeks; there was no fever at all, and all the functions were performed regularly, but the pains were increased on the slightest movement. He obtained complete relief from occasional doses of the salicylate of soda (10 grains). About this time he began to perspire freely. The perspirations came on in a most peculiar way: suddenly every duct opened and the sweat poured out; this would go on for ten minutes or ten hours, but invariably stopped as suddenly as it began, everything on and about him was simply saturated. The urine was healthy in all respects, and continued so till death; with all the loss of fluid by the skin the secretion of the kidneys was never affected in quantity. In a few days the sweat became most offensive, giving the same heavy smell as that given off by a horse after a smart gallop on a hot day. Oddly enough his son was attacked with all the symptoms of hay fever when he entered the room, just as he is affected on going into a stable or hay-field; this smell was given off only occasionally, and chiefly during early morning. This condition of things continued for some twelve weeks, when his strength began to fail, and his breathing occasionally became labored; still he took his food, felt comfortable, performed all his functions, and passed good

nights. At the end of the fourteenth week he sank from exhaustion, perspiring to the end. Before death he was as clear in his mind as he ever was.

The treatment embraced first, the salicylate of soda for the relief of the rheumatic pains, then arsenic, cinchona, and sulphuric acid during the day, with quinine and belladonna at bedtime, rubbing with warm towels, and sponging with a solution of salt, eau de Cologne, and vinegar once a day. As the arsenic appeared to disagree, Warburg's tincture was substituted for it. Ergotine was given in two or three-grain doses at an interval of eight hours, and produced a toxicological effect but no therapeutic power. A dose of atropia, one-fiftieth of a grain, also acted toxicologically.

The cause, according to Dr. Myrtle, was from a paresis of the terminal nerve filaments which preside over the healthy function of the sweat glands and ducts, these filaments having become weakened by exposure to the alternate heats and chills to which the patient had exposed himself for months in his open workshop with a gas engine. Dr. Dreschfeld, who saw the case in consultation, considered the lesion, as located in the sweat nerve centre, and that the sweating and anguish attacks were due to an alternate paralysis and irritation of that centre from the presence of rheumatic poison in the blood. Analysis of the perspiration gave no useful information.

NOTES ON SO-CALLED NON-OVARIAN DERMOID TUMOURS.

The object of this paper by Mr. Alban Doran, before the Royal Medical and Chirurgical Society, was to show that many dermoid cysts of the abdomen that had been described as non-ovarian, were really ovarian cysts that had become separated from their pedicles. Dermoid cysts of the great omentum were generally of this class. A woman, aged 33, under the care of Dr. Bantock, in the Samaritan Hospital, had noticed, for six years, a swelling lying rather to the left of the umbilicus. It shifted to the right side after pregnancy, and then appeared as an obscurely fluctuating tumour, extending towards, but not deeply into, the right flank.

There was tympanitic resonance over the tumour, especially towards the right side. The tumour was exposed by an incision made along the outer border of the right rectus muscle. On tapping it, some fluid resembling pus was drawn off. The tumour was intimately connected with the great omentum, and strongly adherent to the ascending mesocolon. The right ovary was found healthy; the left not examined, as there was no suspicion, at the time of operation, that the tumour was ovarian. It proved to be a dermoid cyst, and it was afterwards suspected to have arisen from the left ovary. Mr. Doran then related a second case, where the ovarian origin of the dermoid tumor was proved by examination of the uterus, and a third where a normal ovary was found high out of the pelvis adherent to the omentum, with its pedicle much stretched. Some dermoid abdominal cysts had been rightly described as non-ovarian, having occurred in men. The origin of dermoid cysts developed between the bladder and rectum was very uncertain; such cysts were sessile, and thus could not come under the conditions that formed the subject of this paper. On carefully considering the cases described or referred to by Lebert (*Gazette Médicale de Paris*, 1852), as instances of non-ovarian dermoid cysts of the abdomen in women the evidence as to their real nature was found to be very defective. The ovaries appeared to have often been overlooked. The shrivelled stump of a self-detached ovarian pedicle bore some resemblance to an atrophied ovary, and thus might be a source of fallacy. Lastly, the separation of an ovarian tumour from its pedicle was a condition which had not been recognised when Lebert's cases had occurred. That pathologist quoted examples of uterine dermoid cysts, but these all appeared to be simply instances of the discharge of hair and teeth from the uterus or vagina, a complication not unknown in cases of dermoid ovarian disease. The paper included an analysis of some of Lebert's cases, taken not from his works, but from the original clinical reports, which often failed to prove that the tumours were non-ovarian. Since ovarian pathology had been more studied, few, if any cases of non-ovarian dermoid abdominal cysts in women had been described, excluding, perhaps, those in-

stances where such cysts had developed between the uterus and the rectum. No museum-specimen of dermoid abdominal tumour could be safely held up as non-ovarian, unless there was very clear evidence that the pelvic viscera had been carefully searched, and both ovaries accounted for.—*British Medical Journal*.

MCDOWELL'S FIRST OVARIOTOMY.

In the bleak cold of a December day, in 1809, a woman riding on horseback, arrived in Danville, Kentucky. She had taken farewell, perhaps forever, of relatives and friends, and had just completed a journey of sixty miles that she might be near a surgeon, who had promised to open her abdomen, and attempt to remove the large ovarian cyst it contained. She was to be the subject of an experiment—an experiment at the hands of a surgeon living on the borders of civilization—an experiment which would involve her life, and to which she must submit without the blessing of chloroform or ether. This woman possessed of marvellous courage, was Mrs. Crawford, McDowell's first patient in ovariectomy, and the first patient upon whom the operation was ever deliberately undertaken. She recovered and lived to the advanced age of seventy-nine years, a period of thirty years beyond the operation.

The conditions surrounding, and forming part of this operation, are worthy of more than a passing notice. At the present time, they are declared by the ablest operators to be of more than accidental importance.

In the light of all recent advances concerning the environs of an ovariectomy patient, I ask you to listen thoughtfully, and enquire of yourselves: Have modern operators had better environment than McDowell? Is their quarantine better than his was? Whether accident, or necessity, or the simplicity of border life, provided these conditions as favorable to recovery, your orator will not enquire, but hopes to show that McDowell did operate under conditions as favorable as does Dr. Keith or Mr. Lawson Tait.

1st. The patient was refused operation in her own home.

2d. She was operated upon in Dr. McDowell's own house.

3d. History mentions but one assistant present at the operation.

4th. The patient had never been tapped.

5th. We may safely infer that the room in which the operation was performed, contained, at this early date in Kentucky, no superabundance of furniture or upholstery.

6th. That the room was ventilated by an open fireplace is more than probable.

7th. The atmosphere was that of a healthy border town.

8th. No sponges were introduced into the abdomen.

9th. He ligated the pedicle and dropped it in.

This operation will stand the criticism of the most exacting specialist of the year 1885, save in two particulars: viz., the ligature was not carbolized or scalded, the ends of it were left hanging out of the angle of the wound, and merely turning the woman on her side to permit all fluids to escape from the cavity of the abdomen was scarcely enough in that direction.

The incision was made to the left of the rectus muscle, but in his next case McDowell made it in the linea alba, between the umbilicus and pubis.

Pause a moment! Think; at the end of almost three-quarters of a century, the operation stands almost where McDowell left it, with one solitary exception, viz., the ends of the ligature surrounding the pedicle are cut short.—*Dr. Sutton, of Pittsburg, in address on Obstetrics at meeting of American Medical Association.*—*Medical News.*

HOW SOON AFTER EXPOSURE TO SEPSIS MAY THE ACCOUCHEUR RESUME PRACTICE?

Dr. George F. French, of Minneapolis, read a paper on this subject at the meeting of the Medical American Association.

The term puerperal fever embraces a group of essentially diverse affections, some of which are non-contagious; but the septicæmic variety of the disease is that which also engages us in this discussion, and he expressed the belief that the evidence that this fever is caused by the

contagia of erysipelas, scarlet fever, and septic dirt, is as demonstrable as any proposition of Euclid. In order to obtain all possible light on the duty of the practitioner to the obstetric patient, he addressed, in October last, letters of inquiry to some of the most distinguished medical men in this country and in Europe, of which the following is the substance:

"How soon after exposure to sepsis, may the accoucheur safely resume practice? My purpose is to controvert the opinion which obtains in the profession, that time is an essential element in the cleansing process. I have had an experience which emboldens me to make abdominal section on the day following exposure. I greatly desire to know whether your own experience warrants me in pursuing such a course."

In reply, Thornton, Savage, and Hegar write that they believe time is essential—to be accompanied, of course, with careful cleansing. While Emmet, Battey, Marcy, Goodell, and Thomas in our own country, with Martin, Schroeder, Nussbaum, Volkmann, and Esmarch in Europe, write that they believe time to be entirely non-essential and that thorough disinfection can be at once accomplished. The present weight of evidence goes to show that the materies morbi of contagion is a non-gaseous particle, capable of being acted upon and demonstrably susceptible of destruction. Some kinds of contagia have been isolated and their property of self-multiplication demonstrated. It has been exactly determined how such contagia are affected by different agents. The presence of other contagia is inferred from analogous diseased conditions and by disinfecting the supposed source of this latter contagion the morbid effects have been interrupted. Experiments show that the resting spores of the bacilli, the most difficult to destroy of all forms of life, can be killed by a corrosive sublimate solution 1:5000.

Fermentation and putrefaction occur only when the specific germ lives—and filth undergoing fermentative change is most conducive to the spread of infectious diseases. Particles of contagia most frequently find lodgement on our hands and particularly under the finger-nails. It is always possible after the ordinary use of a nail-brush or knife, to remove the particles of

dirt in which the microscope reveals living germs of possible infection. On this account he cuts his nails short and swab under them with a blunt instrument covered with cloth and wet with some disinfecting liquid. He formerly used for this purpose 5 per cent. carbolic acid, but this made the flesh crack—so he now uses instead corrosive sublimate solution 1:2000. For hang-nails, cracks, and abrasions he uses collodion.

All instruments are kept scrupulously clean as well as disinfected, and the nurse is regarded as one of the instruments. The June number of the *Centralblatt für Chirurgie*, of 1880, contains a most impressive contribution to this subject by Volkmann. In his letter to me, dated Halle, Dec. 5, 1884, he says: "I hold the same views to-day as at that time. A surgeon who disinfects himself well, can immediately after making a post-mortem, undertake any operation known to surgery. Every morning from six to eight during the summer I am obliged to give the students operations on the cadaver; and from ten to three I am busy in the hospital, operating, and dressing wounds. I have never yet infected a patient. In the winter I have no operations on the cadaver. Comparing my results in the clinic, I can assure you that the mortality in summer is not greater than in winter."

To show his confidence in the possibility of absolute disinfection, he made the following experiments:—

June 21, 1884, after laying open a dissecting abscess of the thigh in a pyæmic patient, and stripping the limb with both hands till they were offensively drenched with the pus, he carefully disinfected himself, and three hours later attended Mrs. M. in confinement.

July 22, in dealing with a case of pyonephrosis, before penetrating the kidney he came upon a foul perinephritic abscess. Passing through this the kidney was incised, explored, and its grumous contents scooped out with the finger. The hand was so long engaged in this work, that a more complete purulent saturation could hardly be conceived. In the afternoon of the same day he confined the wife of a physician, having stated to him the full extent of his morning exposure. In both cases the convalescence was perfectly normal.

Feb. 11, 1885, he purposely infected his index finger with the ichor of an erysipelatous case and after a corrosive sublimate washing, inserted in a fresh wound from which he had just excised a tumour. He might multiply instances of this kind. The following characteristic letter, received from Prof. Esmarch, epitomizes the subject under discussion:—

"If you have thoroughly disinfected yourself, you can immediately enter upon obstetric practice. Time does not destroy septic dirt."—*Med. News*.

AN ABSORBENT AND ANTISEPTIC DIAPER.

This much-needed article, we are told by St. Clair Thompson in the *British Medical Journal*, is used after delivery with great advantage instead of the ordinary napkin. The diapers are made of wood-wool, enclosed in oblong bags of corrosive sublimate gauze. These are about seven inches long by three inches broad, and about half an inch in thickness. They are tacked on to strips of waste linen (about a yard and a half in length), by which they can be attached to the binder, and kept accurately in position. They are very light, weighing less than half an ounce each; they are soft, flexible, cool, can be closely applied, produce no irritation, and absorb rapidly and thoroughly. A pad which weighed three drachms before use, when saturated with the lochial discharge, weighed two ounces and four drachms, that is, it took up and retained more than two ounces of blood. The natural antiseptic properties of the wood-wool are increased by the presence of corrosive sublimate in the strength of half per cent.

[A very nice but we would say needlessly expensive apparatus. There is nothing better and, at the same time, more simple than salicylated, carbolated or borated cotton, which is most agreeable when warmed and snugly applied; no cloth is needed to hold it in place, though one may be used.

We have for the past year done away with the filthy, poorly absorbing diaper altogether, and have used the antiseptic absorbent pad. A handful of antiseptic (salicylated, carbolated, or borated) cotton placed before the vulva and

under the perineum is applied after dusting the parts with iodoform, and changed as often as necessary, from two to six hours.

This method is most agreeable, cleanly and safe, having, moreover, the great advantage that no soiled cloths need be kept about the house. The saturated cotton is at once thrown into the fire, as the most effectual method of disposing of it; consequently no masses of filthy linen accumulate, which invariably emit a certain stench and form a dangerous centre of infection.—EDITOR.]—*Weekly Medical Review*.

GALCERAN ON UNCONTROLLABLE VOMITING IN PREGNACY CURED INSTANTANEOUSLY BY ETHER-SPRAY TO THE EPIGASTRIUM.—A young and delicate primipara began at the second month to suffer from frequent sickness. Towards the fifth month, her state became alarming from the malnutrition caused by the uncontrollable vomiting. No drugs were of any avail. The application of ether-spray to the epigastrium was tried, with immediate benefit. After the application the sickness ceased. Some time afterwards it occurred again, and again yielded to the spray.—*London Medical Record*.

Therapeutical Notes.

A MUSTARD SPONGE.—Under this term Richardson, editor of the *Asclepiad*, describes an ingenious substitute for a mustard poultice. He directs that the mustard paste shall be prepared in the usual manner; then a clean sponge is to be dipped into it. The sponge is folded up in a handkerchief, and the whole is applied to the part selected. By simply warming the sponge again and moistening it anew the poultice may be renewed, its strength being perfectly preserved.

RHIGOLENE AS A SOLVENT.—The same writer calls attention to the fact that camphor and spermaceti dissolve readily in rhigolene, forming a solution which is an excellent application to burns. A drachm of each solid to two fluid ounces of rhigolene is the proportion recommended. Five grains of iodine, dissolved in an ounce of rhigolene, forms a useful applica-

tion to the throat. The solution can be used in the form of spray as an inhalation, or it may be painted over the inflamed membrane.

A MIXTURE FOR BRONCHITIS.—Trastour (*Union méd.*) suggests the following:—

Phenic acid..... 1 drachm;
Syrup of peppermint 3 ounces;
Distilled water ... 12 ounces.

Mix. A dessertspoonful three times a day, before meals.

A PILL FOR ANÆMIA.—Vigier (*Ibid*) gives the following combination:—

Pyrophosphate of iron.... 5 drachms;
Powdered gum 30 grains;
Licorice-root 30 grains;
Syrup of acacia q. s.

Divide into 100 pills. From two to four are to be given daily, just before eating.

ATROPINE IN EPILEPSY.—David (*Lyon méd.*) administers to epileptic patients twenty grains of bromide of ammonium, and at the same time gives fifteen one-thousandths of a grain of sulphate of atropine night and morning. After this treatment has been continued for six months, he directs that two of the following pills be taken daily for at least a year:—

Valerianate of zinc $\frac{2}{3}$ grain;
Extract of belladonna $\frac{1}{10}$ "
Arsenious acid $\frac{1}{30}$ "
Extract of gentian q. s.

—*N. Y. Med. Jour.*

OINTMENT FOR CRACKED NIPPLES.—Unna recommends the following as an external application:—

White sugar
Oxide of zinc
Mucilage of gum arabic..
Glycerine } $\bar{a}\bar{a}$ $\bar{z}\bar{i}$.

—*Jour. de Méd. de Paris*.

TO REMOVE IMMEDIATELY THE TASTE OF COD-LIVER OIL.—Dr. Antonin Martin recommends the drinking of a large glass of water off rusty nails. Immediately the rank taste of the oil is changed to that of fresh oysters, and the unpleasant regurgitations disappear.—*Jour. de Méd. de Paris*.

DEXTRINE PASTE FOR FRECKLES, (UNNA):—

| | |
|-----------------------------|---------|
| Oxide of zinc | ℥ii. |
| Oxychlorate of Bismuth | ℥ss. |
| Sublimate | grs. 3. |
| Dextrine | • |
| Distilled water | āā ℥ii. |
| Glycerine | ℥iii. |

Make into the consistence of a paste.—*Jour. de Mèd. de Paris.*

FACIAL NEURALGIA, (FIREOL):—

| | |
|--------------------------------------|------|
| Ammonio sulphate of copper. grs. 1½. | |
| Cherry laurelwater | ℥ii. |
| Syrup of morphine | ℥vi. |

To be taken in the course of 24 hours.—*Jour. de Mèd. de Paris.*

CHILBLAIN CRAYONS.—

| | |
|-----------------|---------|
| Camphor | ℥i ss. |
| Iodine | ℥iii. |
| Olive oil | ℥vi. |
| Paraffine | ℥ii ss. |
| Alcohol | q. s. |

Dissolve the camphor in the oil and the iodine in as small a quantity of alcohol as possible. Add the mixed liquids to the melted paraffine and pour the whole in suitable moulds. The pencils can be rendered hard or soft by the addition or diminution of olive oil.—*Jour. de Mèd. de Paris.* R. B. N.

COMMON COLDS.—As a useful prescription in "common colds," Prof. Bartholow offers the following:—

| | |
|--------------------------|---------------|
| R. Codeinæ | gr. j. |
| Syrup. scillæ comp | |
| Syrup. tolu. | āā f̄℥ ss. ℥. |

Sig.—A teaspoonful pro re nata.

HABITUAL CONSTIPATION.—In habitual constipation the following will be found of value (Prof. Bartholow):—

| | |
|----------------------------|----------------|
| R. Resinæ podophylli | gr. vj. |
| Ext. belladonnæ | |
| Ext. physostigmatis | āā gr. iij. ℥. |
| Ft. pil., No. xij. | |

Sig.—One pill each night.

—*Coll. and Clinical Record.*

TREATMENT OF SPRAINS.—M. Marc Sie endeavours to fulfil the two indications of provoking absorption and favouring cicatrisation in the injured joint, by applying firmly an india rubber bandage over the articulation, taking care to protect the long protuberances with a layer of cotton-wool. It should not be applied so tightly as to cause pain. The elastic bandage causes resorption and keeps the part immovable.—*L' Union Med. du Canada.*

TREATMENT OF TETANUS, (VERNEAIL.)—The means employed by the great French surgeon in the treatment of tetanus, are summed up in the following indications: 1. *Complete immobility.* 2. Constant high temperature, moderate sweating. 3. Uninterrupted sleep. The first he obtains by placing the patient in a Bonnet's Cuirass; the second, by envelopment in two or three inches of cotton wool; and the third by keeping him Chloralized for 20 days:—*L' Union Med. du Canada.* R. B. N.

"STRANGE ADVENTURES" OF A BULLET.—A case of pistol-wound of the thorax has recently been recorded by Schmidt in which the bullet penetrated one of the left pulmonary veins, and then passed along it into the cavity of the left auricle, merely leaving a small erosion on the posterior wall of the vein. From the auricle the bullet must have gained access to the left ventricle, and must then have been forced into the aorta, and so down to the femoral artery, where the projectile was found, apparently accidentally, at the autopsy. The reporter declares that no other explanation of the presence of the projectile in the femoral artery can be given.—*Lancet.*

Dr. A. M. Duncan, of Hamler, O., reports the case of a retired practitioner suffering from glycosuria, who finds the greatest benefit in the use of buckwheat flour. The sugar almost entire disappears from the urine, and other symptoms are removed when he uses this kind of flour.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

To SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

TORONTO, JUNE, 1885.

THE COMPRESSED AIR-BATH AND ITS USES IN THE TREATMENT OF DISEASE.

Dr. C. Theodore Williams has recently delivered some very interesting lectures on the therapeutic effects of air at various states of pressure. He first mentioned the three ways in which air is employed as a therapeutic agent. (1) At diminished barometric pressure. (2) At increased pressure or compressed air. (3) Air mixed with other gases. Rarified air has been applied in different ways. By placing the patient in a rarified chamber, by balloon ascent, and in the most feasible way by residence at high altitudes. At Davos, in Switzerland (5,200), we get a diminution of five inches in the barometer pressure. At La Paz, in Bolivia (13,500), it amounts to twelve inches diminished pressure.

In the application of compressed air various methods have been adopted. It is dangerous to increase the pressure too rapidly. Accidents from this cause have frequently occurred in bridge building. In the construction of the large bridge at St. Louis, work was carried on at a depth of 33.70 metres, and under a pressure of 4.45 atmospheres.

Of the 333 workmen employed, 30 were severely affected, and of these 12 died. The reduction of pressure was made in from 3 to 4 minutes. In the slight cases the symptoms were muscular pains with choreiform contractions and hæmorrhage from the nose and lungs. In the severe cases there was paralysis of different degrees, hæmoptysis and death from coma. Young men bear compressed atmospheres better than the middle-aged.

The treatment of disease by compressed air is very much in vogue on the Continent, where no fewer than fifty establishments exist.

In the construction of these air-baths there are three principal parts. (1) A circular or ovoid chamber in which the patient is placed. (2) An apparatus for compressing air. (3) A central reservoir from which compressed air may be drawn off at will. It is of course very essential that the air which enters the bath should be pure. This is accomplished by straining through cotton.

"The chief points aimed at in the management of compressed air-baths are (1) To increase and reduce pressure as gradually as possible. (2) To keep the temperature of the bath within reasonable limits, say between 60° and 75° farh. (3) While increasing or maintaining the pressure to provide for the escape of used up and contaminated air. (4) If bad symptoms have arisen from increase or decrease of pressure to reverse the process at once.

In his second lecture Dr. Williams first describes the effect of the compressed air bath upon healthy individuals. "The most important changes are in the organs of respiration and circulation, the individual finds that he breathes slower, deeper, and with greater ease. Physical examination demonstrates that the diaphragm is displaced downwards, that the heart sounds are less audible, and the cardiac dulness is less perceptible, and the whole chest becomes more resonant." The diminution of cardiac dulness is due to the expansion of the lungs.

"The influence on the circulation is that the pulse is slower, smaller in volume, but of increased arterial tension, the capillaries are smaller and the veins are less full of blood."

The most important physiological effects other than those above described are improvement in appetite, and after a time increase of weight. Owing to increase of oxygen there is an increase of tissue change.

This form of treatment has been found of great service in emphysema and chronic bronchitis. As to its effects in the former disease the following quotation will show.

Emphysema.—We know that, in the tense or large-lunged variety of this affection, the

thorax is distended to the utmost, the diaphragm is pushed down, the heart and liver are displaced downwards, the thoracic dulness of the latter generally entirely disappearing, and the impulse of the former being detected in the epigastrium. The breathing is shallow, and the dyspnoea great; percussion and auscultation teach us that the chest contains air, but that, owing to its being more or less stagnant, the blood does not get that perfect aëration which it requires, and consequently we see a dusky complexion, blue extremities, and sometimes a livid countenance. A course of compressed air, baths effects a wonderful change; after them the patient states he can breathe more freely, and can ascend steps and hills with greater ease. His cough and expectoration are decidedly reduced. The respirations are slower and deeper, the pulse is slower and firmer. Physical examination shows the thoracic distension to be diminished. The line of hepatic dulness, long absent, reappears, and rises to the normal level. Cordiac dulness is again detected, and the impulse is felt no longer in the epigastrium—but in the normal position between the fifth and sixth ribs. The excessive resonance gives place to something approaching the ordinary note; and, although prolonged expiration and wheezing sounds are heard, there is no longer the weird stillness formerly existing over large tracts of lung, for breath sounds are audible in all directions, some healthy and some morbid.

In his third lecture Dr. Williams further speaks of the beneficial effect of compressed air in disease of the respiratory organs.

It has been used in Sweden in whooping cough; 86 per cent. were cured in from nine to twenty treatments.

It has been found of great benefit in spasmodic asthma.

In phthisis, "the great good we may expect to get is from the physiological influence showing itself in improved nutrition, increased oxygenation leading to augmentation of colour and weight, and from the mechanical effect manifested in the reduction of local congestion, and above all the opening out and inflation of those portions of the lungs which are commonly the first point of tubercular attack, namely, the apices."

Compressed air baths have also been found of benefit in anæmia and amenorrhœa.

MEETING OF THE MEDICAL COUNCIL.

The first meeting of the new Council will commence on Tuesday, June 9th. As we indicated in our last issue there will be a fair number of new members, and while we regret the absence of some excellent men, we are glad to recognize the fact that the College will retain its representative character, and, at the same time, the confidence of the professional public in the Province.

It is perhaps fortunate that but little new legislation will be required. The character of the examinations has been very satisfactory during the last few years. There has been less inclination to make sudden and sweeping changes in the Examining Board, such as we had in former times. We hope that in the future even greater care will be taken in selecting examiners when changes are necessary. It seems scarcely necessary to say that they should be chosen solely on account of their eminent fitness and high attainments in the subjects for which they are appointed. The present Examining Board is, on the whole, an excellent one, and very few changes are required.

The question of the annual fee will probably come up. It has always been a difficult matter to collect the one dollar each year, and an effort was made to change the regulation. The remedy proposed, which included the celebrated "five-dollar clause," has met with such decided opposition from the profession that it would be very unwise to carry it into effect.

The examination required for matriculation is not in all respects satisfactory. As our readers are aware, since the Intermediate has been abolished, candidates are required to pass the examination for third-class teachers' certificate with Latin added. It is thought by some that this is not a suitable examination for entrance into Medicine. We have heard this opinion expressed by High School teachers who know well its character. We will probably have more to say on this matter in a future issue.

It would be a great boon to intending students if some arrangement could be made between the Council and the different Universities by which the same Examination for Matriculation would be accepted by all.

MALIGNANT ENDOCARDITIS.

In his second lecture Dr. Osler takes up the symptoms of malignant endocarditis. After describing the primary from which only occurs in a limited number of cases, he goes on to speak of the disease as we meet with it in connection with other pathological conditions:—

"The different modes of onset, and the extraordinary diversity of symptoms which may arise, render it very difficult to present a satisfactory clinical picture. The general symptoms are those of a febrile affection of variable intensity, which may be ushered in, like any acute fever, with rigors, pain in the back, vomiting, headache, etc. Arising in the course of some other disease, there may be simply an intensification of the fever, or a change in its features. The pyrexia is constant, but variable in type and intensity, and more likely than any other symptom to lead to misinterpretation. Prostration of strength, delirium, sweating, and other signs of severe constitutional disturbance, are usually present."

Of the cases analyzed by Dr. Osler 18 per cent. occurred in association with a septic or pyæmic state and the majority of these with puerperal fever. "The puerperal cases appear most frequent after abortion, and the first symptoms usually develop within a week or ten days of delivery, beginning with rigors and fever, and running a course not essentially different from ordinary puerperal septicæmia or pyæmia without endocardial complication."

The cases of malignant endocarditis which occur with traumatic septicæmia are not so numerous as the puerperal class.

"In the pyæmic group of cases, the clinical features are of a decided pyæmic type, and here the source of infection is at the heart, and the metastatic lesions are chiefly in the territory of the arterial system, rendering very applicable the name of arterial pyæmia given by Dr. Wilks to this class of cases. We may recognize two types of the pyæmic from: first, the cases in which the symptoms resemble closely those of ordinary pyæmia, with rigors at intervals, sweats, and other signs of septic infection; and, secondly an important group, in which intermittent pyrexia is a striking feature, occurring

in regular paroxysms like ague, with cold, hot, and sweating stages. These forms may develop as primary independent affections, or come on in the course of rheumatic fever, pneumonia, etc.

"The typhoid type is by far the most common, and the majority of the cases present features which come under this heading. The disease may set in with a single rigor or a series of chills, most frequently the former; often a period of *malaise* or ill health has preceded the attack, and in very many instances the symptoms develop in the course of some fever. The characters of this form are irregular temperature, early prostration, and involvement of the nervous system, delirium, somnolence, and coma, dry tongue, relaxed bowels, sweats, petechial and other rashes, and occasionally, parotitis. Perhaps the majority of cases are mistaken for typhoid, as the heart-symptoms may never be prominent, or even when sought for not found."

Under the heading of the cardiac group he classifies those patients subjects of chronic valve-disease who are attacked by febrile symptoms and evidences of a recent endocarditis engrafted on the old process.

As cerebral cases he describes a number of cases of malignant endocarditis, which exhibit symptoms of cerebral, or even cerebro-spinal trouble. These different forms of the disease were fully illustrated by clinical cases. The histories of many of these were taken from the records of the Montreal General Hospital.

NOTES FROM THE NORTH-WEST CAMPAIGN.

Surgeons Roddick and Bell, are in charge of the Field Hospital at Saskatoon. They have with them Drs. E. E. King, Henry A. Wright, J. S. Freeborne, Messrs Rea, Hillier and others, acting as dressers.

Surgeons Orton and Ryerson were with General Middleton's army at Fish Creek and Batoche, and did good work in attending the wounded.

Surgeons Strange and Lesslie were with Colonel Otter's column at the Cut Knife Creek battle, and, with the able assistance of the Queen's Own Ambulance Corps, looked after the wounded.

Mr. John Caven, and Dr. Wm. Caven, are at Calgary.

Surgeon Tracy, Mr. Thos. McKenzie, and other dressers, are with General Strange's column at Edmonton.

Surgeon Nattress, in charge of the Red Cross Corps, including Dr. D. O. R. Jones, Messrs Wild, Mustard, etc., are at Battleford.

The arrangements for treating the sick and wounded have proved very satisfactory.

Dr. Bergin, who has had control, with headquarters at Ottawa, has worked indefatigably, and has been very ably assisted by the surgeons who went to the North-West. It was difficult or impossible to foresee the casualties which have occurred, but it is fortunate that the authorities prepared for the worst, and the results have shown the wisdom of their course.

The number of wounded among the loyal troops was about 100, of whom about twenty have since died. In addition there were many invalided. Altogether a large amount of work was thrown on the surgeons and their staffs, and we are pleased to learn that they have done their duty nobly.

ANATOMY OF THE UTERUS.

Dr. John Williams, at a recent meeting of the Obstetrical Society, of London, reported in the *British Medical Journal*, expressed the view that the primary branches of the uterine and ovarian arteries, after entering the side of the uterus, ran only a short distance through a thin layer of muscular fibres to a distinct layer of connective tissue, through which they ramified, and from here these branches went to the mucous surface in a direction perpendicular to that surface.

We would thus have from without inwards: (1) Peritoneum; (2) the muscular layer, a thin stratum; (3) the connective tissue layer, containing arteries and venous plexuses, and constituting the submucous tissue; (4) the mucous membrane, including the principal portion of the substance of the uterine. The muscular fibres contained in this layer, according to Dr. Williams, are really muscularis mucosæ; and the thin layer of tissue shed at the menstrual period and reproduced (the menstrual decidua)

is only a small portion of the uterine mucous membrane. The arrangement of the blood vessels, by which the currents are transverse to the length of the uterus, and perpendicular to its surfaces, is such that the circulation is not likely to be disturbed by mechanical causes, except in case of hernia in the inguinal canal, or in Douglas' pouch, where it is commonly known as retroflexion or retroversion.

THE AMERICAN MEDICAL ASSOCIATION.

The recent meeting of the American Medical Association at New Orleans appears to have been a fairly successful one.

Dr. Henry F. Campbell, of Augusta, Georgia, delivered the annual address. In it "he eulogized the long list of illustrious men who had guarded the deliberations of this national body from the noble Chapman to the beloved Flint, and made special reference to Drs. Gross and Sims." His address was well received.

Dr. Didama, of Syracuse, N.Y., the chairman of the Medical Section, delivered the address on Medicine.

He spoke of the two topics about which the profession were interested, viz: the comma bacillus and the hydrochlorate of cocaine. In the obstetrical section, Dr. Sutton, of Pittsburg, gave a very interesting address. "He stated that for himself he did not use the spray, but looked upon cleanliness and listerism as so closely linked together that they might be said to be inseparable, for listerism is the gospel of cleanliness."

A very lively discussion took place on the action of the committee appointed by the Association to confer with the International Medical Congress to be held in Copenhagen, and arrange for the next meeting of that body in Washington in 1887. It seems that the committee went beyond its powers and appointed to official positions many new code men and others inimical to the Association. Another feature of these appointments was that the Western and South-Western States were entirely ignored. A resolution was carried which allowed the committee previously appointed to add to its number from every State, and to revise the

work which had already been done. In this way it is hoped that there will be a fair representation of States and that the names of those obnoxious to the Association will be removed.

This discussion goes to show that there are two classes of men opposed to the American Medical Association. One the new code men, with whom we have no sympathy, and who will, we hope, be quietly passed over, as are the homœopaths and other irregulars with whom they wish to fraternize. The other class of opponents to the Association are men of high standing and of great professional attainments who do not like the "wire pulling and log rolling" done in that body. They certainly have some reason for their complaints, as men have been appointed to high official positions in the Association whose principal qualifications were self-assurance and "cheek." The influence of the Association has been very much injured of late years on that account. The amount of scientific work done was very small indeed, and compares very unfavourably with the sister Association, the British Medical. It is scarcely fair, however, to make a comparison between these two bodies, as on this continent the best work is done in Societies of Specialists, as the Ophthalmological, Dermatological, etc. In Great Britain these latter do not exist.

Dr. Wm. Brodie, of Detroit, was elected president for the coming year, and St. Louis is to be the next place of meeting.

EARACHE AND TOOTHACHE.—H. Bendelock Hewetson, of Leeds, writes in the *London Lancet* that he has found the glycerinum acidi carbolici invariably to relieve the pain in toothache and earache, and especially in cases of inflammation of the middle ear. He claims that if the treatment is used early, perforation of the tympanum can be stayed in many cases.

The winter session of the New York Polyclinic ends on Saturday, May 30th. The number of physicians who have attended the clinics since Sept. 22nd, 1884, is over two hundred. The summer session opens Monday June 1st, and will continue to Sept. 12th. The following clinics will be every week: Gynœcology, 12;

Diseases of Children, 6; Surgery, 8; Diseases of the Skin, 6; Disease of the Chest, General Medicine and Diagnosis, 6; Disease of the Eye, 6; Disease of the Throat, Nose and Ear, 6; total 50. In addition obstetric cases will be given to the class, and a course in urinary analysis. The laboratory of pathological will be open all summer.

PREGNANCY IN UTERUS SEPTUS.—Dr. Ruge (*London Medical Record*) reports a case of double uterus, in which there were two miscarriages. A septum reached from the fundus to the internal os. It was thought that the abnormal condition of the uterus was the cause of the miscarriages, and Professor Schröder divided the septum, by means of scissors. No hæmorrhage resulted. A short time afterwards the patient conceived and was delivered of a living child at full term.

ONTARIO MEDICAL COUNCIL.

MEMBERS ELECTED.

Territorial Representatives.

Dr. J. L. Bray, Chatham.. Western and St. Clair.
Dr. J. H. Burns, Toronto.. Midland and York.
Dr. H. W. Day, Trenton.. Quinte and Cataraqui.
Dr. J. G. Cranston, Arnprior Bathurst and Rideau.
Dr. D. Bergin, Cornwall.. St. Lawrence and Eastern.
Dr. R. Douglas, Port Elgin Saugeen and Brock.
Dr. J. A. Williams, Ingersoll Gore and Thames.
Dr. A. Ruttan, Napanee.. Newcastle and Trent.
Dr. J. Russell, Binbrook.. Burlington and Home.
Erie and Niagara.
Kings and Queens.
Malahide and Tecumseh.

Divisions.

Elected by acclamation.

Collegiate Representatives.

Colleges.

University of Toronto.
Dr. J. W. Rosebrugh, Hamilton Univ. of Victoria College.
Dr. V. H. Moore, Brockville Univ. of Queen's College.
Dr. W. T. Harris, Brantford Univ. of Trinity College.
Dr. H. H. Wright, Toronto Toronto Sch. of Medicine.
Dr. Fife Fowler, Kingston. Royal College of Kingston
Dr. W. B. Geikie, Toronto Trinity Medical School.

ONTARIO MEDICAL ASSOCIATION.

The fifth annual letter of the Association was sent out early in May, so that all are acquainted with the fact that the Meeting is to

take place in London, on Wednesday and Thursday, June 3rd and 4th, to be opened at 10 o'clock, Wednesday morning, in the Victoria Hall.

The Meeting promises to be one of great interest and pleasure, on account of the large number of papers to be read, and on account of the efforts which are being made by the profession in London to have it a success. In place of reports on surgery, medicine, obstetrics, and ophthalmology, there will be discussions which will be opened by Drs. Powell, Tye, Temple, and Reeve respectively, in these sections. The subjects chosen are: Dr. Powell, Plaster Splints in Surgical Practice; Dr. Tye, Diphtheria; Dr. Temple, Intra-uterine Medication; Dr. Reeve, Cocaine. The special committee on bacteriology, Dr. Covernton, Chairman, is to bring in a report at this meeting. Appended is a list of the papers promised up to time of going to press:—

- Dr. Buck, London—Sanity.
- Dr. Bray, Chatham—Cæsarian Section.
- Dr. Fraser, Sarnia—Continued Fevers.
- Dr. Graham, Toronto—Mitral Stenosis.
- Dr. Groves, Fergus—Urinary Calculi.
- Dr. Waugh, London—Infantile Paralysis.
- Dr. Penwarden, Fingal—
- Dr. Beemer, London—Brain Exhaustion.
- Dr. Campbell, Seaforth—Notes on Locomotor Ataxia.
- Dr. Edwards, London—Placenta Previa.
- Dr. Ovens, Arkona—Trifacial Neuralgia.
- Dr. Arnott, London—Diet in Disease.
- Dr. McKechnie, Thorndale—Pericarditis.
- Dr. McLay, Aylmer—Cystitis.
- Dr. Harrison, Selkirk—Foreign Bodies in the Larynx.
- Dr. Aylesworth, Collingwood—
- Dr. Moorehouse, London—The Germ Theory with Specimens.
- Dr. Worthington, Clinton—Lingual Neuralgia.
- Dr. Duncan, Thamesville—Warburgh's Tincture in Canadian Practice.
- Dr. Murray, Thorndale—Uterine Hæmorrhage after Abortion.
- Dr. White, Toronto—Straight Splints in Fractured Elbow.
- Dr. Howe, Buffalo—1. Experimental Study of the Irritating Effects of Cocaine upon the Eye.
2. The Anæsthesia of Cocaine in the Eye, as measured by blood pressure, illustrated by tracings from the Kymograph. 3. On the Treatment of Albumenuric Retenitis of Pregnancy.
- Dr. Atherton, Toronto—Intestinal Obstruction.
- Dr. Thorburn, Toronto—

- Dr. Oldright, Toronto—Pathological Specimen. 1. Abnormal Development of Alimentary Canal.
2. Diaphragmatic Hernia.
- Dr. Adam H. Wright, Toronto—Treatment of Abortions.
- Dr. Youmans, Mount Forest—Compound Comminuted Fracture of Patella.
- Dr. McPhedran, Toronto—Lymphadenoma.

MEDICAL EXAMINATIONS.—The following is a list of successful candidates at the recent examination of the College of Physicians and Surgeons, Ont.—Final.—J. A. Burgess, A. F. Baumann, C. H. Britton, J. D. Courteney, T. C. Cowan, Margaret A. Corlis, F. W. Cane, H. C. Cunningham, J. A. Couch, F. Campbell, P. E. Doolittle, J. R. Dales, P. A. Dewar, A. W. Dwyer, W. Ewing, D. D. Ellis, D. W. Eberts, J. Ferguson, H. B. Ford, A. Graham, W. J. Gunne, W. S. Harrison, H. J. Hamilton, A. R. Harvie, J. H. Howell, H. H. Hawley, A. R. Hanks, F. Harkin, D. O. R. Jones, J. H. Knight, A. B. Knisley, C. A. Krick, W. A. Kyle, R. J. Lockhart, W. V. Lynch, A. T. Little, R. Lucy, H. D. Leitch, F. G. Lunky, D. J. Minchin, L. J. Mothersill, J. Marty, W. J. Mitchell, D. C. McLaren, M. C. McGannon, N. McCormack, G. A. Peters, J. J. Paul, W. T. Parry, J. E. Pickard, G. F. Palmer, J. A. Rutherford, H. G. Roberts, Helen, E. Reynolds, D. G. Russell, C. F. Snelgrove, J. N. Simmons, A. M. Shaver, S. Scott, J. G. Sutherland, C. E. Stacey, J. A. Stirling, E. A. C. Smith, Wm. Spankie, L. W. Thompson, O. Totten, C. Trow, A. Trundel, J. A. Watson, W. H. Wright, D. J. G. Wishart, E. G. Wood, G. Veitch.

Primary.—J. O. Anglin, A. F. Baumann, G. M. Brodie, W. C. Beeman, H. E. Burnett, F. Campbell, Margaret A. Corlis, J. Casselman, J. B. Carruthers, C. R. Charteris, W. F. Cale, G. R. Cruikshank, J. F. Campbell, C. R. Cuthbertson, S. S. Cornell, C. Collins, J. M. Conerty, H. E. Drummond, W. G. Dow, W. Dow, M. L. Dixon, D. Dunton, A. A. Dame, A. Ego, J. H. Eastwood, A. B. Eadie, W. Ewing, J. M. Fraser, E. J. Free, W. H. Fox, Ada A. Funnell, J. M. Forster, D. E. Foley, J. W. Frazer, A. W. Gardner, J. Guinane, W. R. Gillespie, H. P. H. Galloway, T. D. Galligan, W. Giles, W. D. Green, W. J. Glassford, M. J. Glass, D. M. Gordon, J. H. Hoover, W. B. Hopkins, Geo. Hunt, J. W. Hart, C. W. Haentschell, F. C. Heath, J. E. Hanna, A. Hotson, J. A. Harvie, J. H. Hamilton, D. Johnston, M. James, M. J. Keane, D. Kester, W. J. Logie, F. G. Lundy, M. J. Mullock, D. E. Mundell, J. C. Moffatt, C. F. Moore, J. Macoun, W. J. Mitchell, J. C. McCabe, D. C. McCabe, D. C. McLaren, J. C. McAllister, T. McEwen, D. McEdwards, H. A. McCallum, E.

McLaughlin, A. F. McVety, J. McLurg, Alice McLaughlin, O. Niemeier, W. R. Nichols, T. H. Orton, I. Olmsted, Annie L. Pickering, T. S. Philp, A. B. Riddell, H. G. Roberts, D. Sinclair, E. A. C. Smith, W. Spankie, W. R. Shaw, R. S. Smith, W. O. Stewart, R. C. Staples, J. M. Shaw, H. C. Sadding, D. Storms, J. P. Shaw, J. J. Soden, A. F. Tracey, A. B. Thompson, J. A. Tuck, J. D. Thorburn, A. Trundel, S. West, R. West, W. R. Walters, F. Woodhull, E. J. Watts, R. J. Wilson, E. W. Wright, A. F. Woodward, E. G. Wood, A. E. Yelland.

TORONTO UNIVERSITY.

RESULTS OF THE MEDICAL EXAMINATIONS.

First Year.

Anatomy.—Class I.—J. A. Palmer, S. Cummings, and J. A. Fere and A. Ochs equal. Class II.—A. E. Lackner and J. Galloway. Class III.—W. H. Clarke; W. H. Clutton and T. H. Halsted equal; G. F. Jones, G. S. Stockton, G. F. Dryden, F. T. Bibby, and A. D. Barnett, and W. Hamilton equal.

Biology and Comparative Anatomy.—Class I.—Palmer and Fere. Class II.—Cummings, Lackner, Ochs, Galloway, Clutton, Jones. Class III.—Hamilton, Stockton, Bibby, Clarke, Dryden, Barnett, Halsted, McEvoy.

Chemistry and Natural Philosophy.—Class I.—Cummings and Palmer. Class II.—Ochs. Class III.—Galloway and Clutton and Fere equal; Stockton and J. D. Thorburn equal; Jones and Lackner equal; Clark and Bibby and Dryden equal; Hamilton, Halsted and McEvoy.

Physiology.—Class I.—Cummings, Fere, Halsted, Ochs; Galloway and Jones equal. Class II.—Lackner, Clutton and Palmer. Class III.—Dryden, Clarke and Stockton equal; Hamilton, McEvoy, Bibby and Barnett.

To take subjects of first examinations over:—Anatomy.—J. P. McEvoy. Chemistry.—A. D. Barnett.

Scholarships.—S. Cummings and J. A. Palmer.

Second Year.

Anatomy.—Class I.—F. P. Bremner and A. Ego and I. Olmsted equal. Class II.—W. R. Walters, D. Johnston, H. E. Drummond, and J. H. Eastwood. Class III.—W. D. Green and W. O. Stewart and J. B. Reid equal; M. J. Keane and A. B. Thompson equal; J. A. McMahon, J. D. Thorburn, J. Guinane and W. R. Watson equal; G. S. Stockton, G. F. Dryden, A. E. McKay, W. H. Clarke and D. Poole.

Physiology.—Class I.—Reid, Bremner, Keane

and Ego, Guinane, McKay and Olmsted (latter four equal). Class II.—Green, Walters and Johnston and Macmahon equal. Class III.—Eastwood and Watson equal; Stewart, Drummond and Thorburn equal; Clarke and J. C. Carlyle.

Materia Medica and Therapeutics.—Class I.—Keane, Thompson, and Eastwood and Walters equal; Bremner, Guinane and Olmsted. Class II.—Johnston and Stewart equal; McKay and Ego, Drummond and Thorburn (latter three equal), and Reid. Class III.—Green, Watson, Macmahon, Clarke, Dryden and Stockton.

Chemistry, Organic and Physiological.—Class I.—Drummond, Eastwood, Green and Ego and Waters equal. Class II.—Keane and Thorburn equal, Johnston. Class III.—Reid and Bremner, Macmahon and Watson, all equal; Guinane and Stewart and Olmsted equal; Dryden and Thompson equal; Clarke and McKay equal; Stockton and D. McKenzie.

Histology.—Class I.—Reid and Guinane and McKay equal; Bremner, Olmsted, Keane, Ego and Thompson. Class II.—Thorburn and Green equal; Dryden, Macmahon and Eastwood and Walters equal. Class III.—Drummond, Johnston, and Stewart, Stockton and Watson, (latter three equal.)

A. B. Eadie, who has yet to matriculate, passed in all the subjects of the second examination, with first-class honours in materia medica therapeutics and chemistry and second-class honours in histology.

To take subjects of second examination over: Physiology.—G. S. Stockton.

Histology.—W. H. Clarke.

Scholarships.—F. P. Bremner and A. Ego.

Third Year.

Medicine.—Class I.—A. W. Bigelow, W. J. Greig, G. A. Peters, C. T. Noecker, D. R. Johnston, J. Marty, J. W. Peaker. Class II.—J. D. Courteney, H. J. Hamilton. Class III.—D. McKenzie, J. Macoun and S. G. Parker equal, J. C. Carlyle.

Clinical Medicine.—Noecker and Peters equal, Johnston, Courteney, and Greig, Marty and Peaker (latter three equal), Carlyle and Macoun equal. Class II.—Bigelow and Hamilton equal. Class III.—McKenzie and Parker.

Surgery.—Class I.—Marty and Peters, equal, Noecker, Bigelow, Greig, Macoun. Class II.—Courteney, Hamilton, Peaker, Johnston. Class III.—Parker, Carlyle, McKenzie.

Clinical Surgery.—Class I.—Courteney, Carlyle and Hamilton equal, Bigelow and Macoun and Peters equal. Class II.—Parker, Greig and Johnston, Noecker, and Peaker, (latter three equal). Class III.—Marty, McKenzie.

Surgical Anatomy.—Class I.—Bigelow,

Peters, Courteney and Johnston equal. Noecker, Macoun. Class II.—Carlyle, Greig, Peaker, Marty, Hamilton. Class III.—Parker, McKenzie.

Obstetrics.—Class I.—Bigelow, Peters, Johnston. Class II.—Hamilton, Noecker. Class III.—Greig and Marty equal, Macoun, Peaker, Mackenzie, Carlyle, Parker, Courteney.

Pathology and Pathological Histology.—Class I.—Bigelow, Noecker, Macoun, Johnston, and Marty and Peters equal. Class II.—Hamilton and McKenzie equal. Class III.—Peaker, Greig, Courteney.

H. E. R. Little (yet to matriculate) passed in all the subjects of the third examination, with second-class honours in clinical surgery.

To take subjects of second examination over Pathology and Pathological Histology.—J. O. Carlyle, S. G. Parker.

Scholarships.—A. W. Bigelow, G. A. Peters.

Fourth Year—Degree M.B.

Medicine.—Class I.—J. H. Howell, L. Carr, H. N. Hoople, W. J. Greig, D. J. Minchin, D. M. Staebler, F. W. Cane, M. R. Saunders. Class II.—A. B. Knisley. Class III.—J. D. Courteney, A. S. Thompson, C. A. Krick.

Clinical Medicine.—Class I.—Carr, Hoople and Staebler equal; Thompson, Howell, Saunders, Cane, Minchin. Class II.—Courteney, Greig. Class III.—Krick, Knisley.

Surgery.—Class I.—Howell, Minchin, Carr and Saunders equal; Greig and Hoople equal; Knisley, Cane, Staebler, Thompson. Class III.—Courteney, Krick.

Clinical Surgery.—Class I.—Carr, Saunders, and Staebler equal; Howell, Hoople, Thompson. Class II.—Cane, Knisley, and Minchin equal; Courteney, Greig. Class III.—Krick.

Forensic Medicine.—Class I.—Saunders, Howell. Class II.—Staebler, Minchin, Carr and Hoople equal. Class III.—Knisley, Cane and Greig equal; Thompson, Courteney, Krick.

Hygiene.—Class I.—Minchin, Carr, and Saunders, equal; Howell, Hoople, Greig. Class II.—Cane, Knisley, Staebler and Thompson. Class III.—Courteney, Krick.

Medical Psychology.—Class I.—Minchin and Saunders, Carr, Hoople, Howell, Knisley, Greig, Cane, Thompson. Class II.—Staebler, Courteney, Krick.

Practical Chemistry (Forensic and Hygienic).—Class I.—Courteney, Saunders, Minchin, Thompson. Class II.—Greig. Class III.—Howell, Cane, Carr and Krick equal, Knisley, Staebler, Hoople.

Medals.—Gold.—J. H. Howell. Silver.—L. Carr, M. R. Saunders, H. N. Hoople.

Final.—C. H. Britton, D. Poole.

For M.D.—J. Bray.

Meetings of Medical Societies.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

(From our own Correspondent.)

MONTHLY MEETING, May 5th, 1885.

Dr. Stark, Vice-President, in the chair.

Dr. Mullin exhibited a pathological specimen—an ovum of two months.

Dr. Leslie then read his paper on "The Germ Theory," which was prepared for, and had been already read before, the Hamilton Association. The paper went very extensively into the subject from a theoretical point of view, dealing with the researches of different observers as to the nature of cells, and thence proceeding to a description of the various kinds of germs. The subject of spontaneous generation was then taken up, and the question of disease germs was considered. After a lengthy description of Lister's views and system, and the various opinions with regard to it, reference was made to Koch's investigations as to the nature of cholera, and the discussion that had arisen.

In the discussion that followed, Dr. Leslie was highly complimented. Drs. Mullin and Malloch both supported the germ theory, the latter especially speaking with reference to "Listerism," which he considered to be on the increase in favour, and had exerted a beneficial influence.

Dr. Rosebrugh gave the particulars of an interview had in Edinburgh with Keith, as to the sufferings of the latter when using the carbolic acid spray, and the necessity arising for its discontinuance. Dr. Rosebrugh also spoke of his observations in London and Birmingham, all of which tended to show how much operators depended upon cleanliness.

Dr. Leslie, in responding, stated that though at present he thought the evidence was against the germ theory, yet the growth and multiplication of germs in the body was a strong argument in its favour.

ADJOURNED MEETING, May 12th.

The President, Dr. White, in the chair.

Dr. Malloch presented a pathological speci-

men of carcinoma of the pyloric end of the stomach.

Dr. McCargow showed a finger which had been opened for whitlow, but too late, as there was denudation of the cartilage of the articular ends of the first phalanx and the adjoining metacarpal bone of the left fore-finger, while there had been a large abscess formed under the pectoral muscles of the same side extending from the axilla, its original site, to within an inch or two of the sternum, and extending downwards over a space corresponding to three or four ribs.

Dr. Rosebrugh then read a short paper on "Intra-uterine Medication." The paper began by referring to the fact that, in the greater number of cases of apparent disease of the inner surface of the organ, there is, as a rule, some special cause for the symptoms, such as a flexion or version, which, removed, the symptoms will soon disappear under very mild treatment. Consequently, in all uterine diseases, great pains should be taken to make a correct diagnosis, for experience shows that when the case is thoroughly understood, the treatment is simplified and more easily accomplished. An instance was given of the alarming symptoms presented by a case of chronic retroflexion with laceration of the cervix, so easily relieved if these primary conditions are only remedied. The class of cases requiring intra-uterine medication were summarized as follows: 1. Chronic endometritis, with the following characteristics—General enlargement of the body of the organ; considerable dilatation of the corporeal cavity, and the endometrium in a condition of fungoid or cystic degeneration, giving rise to a muco-purulent leucorrhœa, and frequently to a profuse menorrhagia. 2. Uterine catarrh, with an albuminous secretion that persists despite ordinary treatment. 3. Habitual abortions, independent of syphilis and ovaritis, and seemingly due to some morbid condition of the endometrium. 4. Membranous dysmenorrhœa. 5. The flabby uterus frequently associated with subinvolution.

Having spoken of the difficulty of separating the treatment of the endometrium from that of the os and cervix, while often, if the disease of the latter is removed, there is no

further trouble with the former, the essayist stated that he no longer used tents to dilate the cervical canal, as he found that the applicator or curette could be introduced without any previous dilatation. If any was needed, the steel dilator could easily detect it. Dr. Rosebrugh stated that he had never used strong caustic in the solid form, though where the endometrium is decidedly diseased it becomes more tolerant of heroic treatment; but, in such cases, he found the most effective agent to be the fuming nitric acid. This he applies by means of the cotton-wrapped applicator, guarded by a glass tube through the cervix, the lining membrane of the cavity being pretty thoroughly swabbed. Except in obstinate cases, and then only at long intervals, the application has not to be repeated. Never had he seen colic or the other alarming symptoms frequently generated by crayons of strong, solid caustics. Churchill's tincture of iodine has been proven one of the most efficient applications, its action being that of a local stimulant to uterine contraction, and a general alterative or nutritive. Nitrate of silver he seldom employs because of severity as an astringent to the small blood-vessels, and its continued use causing too much contraction of the os and cervix. Its use should be confined to the soft, flabby uterus, with enlarged patulous os and profuse cervical discharge, its contracting effects being carefully watched. Carbolic acid and glycerine, one part to three, is a favourite, mild application—the acid coagulating the albuminous secretion, while the glycerine depletes the congested condition of the parts by causing a profuse watery discharge. Per sulphate of iron is also a favourite of the essayist's, he said, when wishing to provoke an astringent effect upon a granulating surface. Tannic acid is also a useful, mild astringent; but had, like iron, the disadvantage of discolouring the patient's underclothing. Paquelin's cautery and the actual cautery he had no personal experience of, having always effected his purpose by other methods. Intra-uterine injections he considered of service sometimes, but on account of the pain and violent symptoms sometimes following, thought milder methods should be adopted. In old, chronic cases, with the uterus decidedly enlarged and

diseased, and the os flabby and patulous, the organ is so tolerant of manipulation and medication, that even injections may be employed with comparative safety. Whenever fluids are to be injected, the cervical canal must be straightened and enlarged so as to admit Chambers' reflex current catheter, or some such device which will secure a free return of the fluid. A safer method is the use of a small graduated hard rubber uterine syringe, having a long, slender nozzle. The syringe having been filled with the fluid to be used, the nozzle is loosely wrapped with absorbent cotton and introduced within the cavity, and then injecting, carefully and slowly, just sufficient to saturate the cotton. The syringe is then slowly rotated so as to swab the whole inner surface. But as injections offer no marked advantages, the essayist thinks they should be abandoned, or certainly very rarely employed. In some cases caustics and astringents effect only partial cure. In obstinate endometritis, with fungoid degeneration, a muco-purulent discharge and long-continued menorrhagia, energetic measures are necessary. The denudation of the endometrium must be penetrating. The most effectual method is by thoroughly curetting. The uterus should be firmly held by tenaculum or vulsellum forceps, and the rough portions scraped out without any previous dilation of the cervical canal. During the curetting, one hand should be placed over the uterus externally, pressing it down so that every part of the inner surface can be reached. The cervix becomes more tractable, so that subsequently a larger curette may be employed if necessary. After the denudation, the inner surface is to be thoroughly swabbed with fuming nitric acid, Churchill's tincture of iodine, Monsell's solution of iron, or some other agent of a penetrating character. Local treatment must be supplemented by constitutional. Aim at reducing the enlarged uterus by ergot and strychnine, followed by tonics, quinine and iron. In old chronic cases the curetting may have to be repeated two or three times after the menstrual periods; for, do what we will, relapses will occur, so that the treatment must be persevered in. In treating these disorders, the constitutional element must be considered, for in some

cases both local and constitutional causes are met with, and in most cases constitutional treatment is of great service; but we must aim to remove the cause, whether local or constitutional. Dr. Rosebrugh said that the frequency of the application depended upon the agent employed, as a rule every fourth or fifth day; if the patient came from a distance, once a week. He nearly always employs the cotton-wrapped applicator. In order to thoroughly cauterize the surface, makes two or three applications at each visit. In many cases, where the endometrium seems involved, he restricts the application at first to the cervix; and this, with constitutional treatment, proves sufficient to induce uterine contraction, and the improvement is continuous until a complete cure is effected. When the inner surface is roomy and the os very patulous, admitting applicator readily, he pushes the applicator into the cavity and swabs the inner surface, and then swabs dry with absorbent cotton the cervical portions of the uterus and vagina. A tampon of absorbent cotton moistened with glycerine, and having a withdrawing string attached, is left in the vagina a few hours.

In the discussion which followed, the members complimented Dr. Rosebrugh very highly, but differed on the following points:

Dr. Malloch thought more attention should be paid to mal-positions of the uterus, and that when these were remedied only mild topical applications were necessary, such as hot water.

Dr. Mullin thought the uterus should be regarded as amenable to medical influences as other internal organs to which topical treatment could not be applied. Local treatment might be useful in certain conditions, but in his experience the conditions which give rise to menorrhagia were not always to be benefited by local treatment on account of the pain suffered from intra-uterine applications; and after these applications had been abandoned he had found some patients much benefited and restored to health by rest, especially during and after the menstrual period and the use of general remedies.

Dr. Stark said that while he agreed with Dr. Rosebrugh in his treatment, he preferred to treat the patients at their own houses, so as to

have the benefit of rest at once. He expressed himself as being at first astonished at Dr. Rosebrugh's heroic use of the curette; since then he had had great success with it.

Dr. Ryall, as Dr. Mullin had done previously, referred to the fact that formerly the great object in treatment seemed to be the dilatation of the cervical canal, while now gynaecologists sought, by means of trachelorrhaphy, to close up the canal; and, in conclusion, Dr. Ryall wondered what became of women fifty years ago, before the days of dilatation and contraction and other special treatment.

ST. LAWRENCE AND EASTERN MEDICAL ASSOCIATION.

A meeting of the Territorial Association of the St. Lawrence and Eastern Division, was held in Cornwall, January 27th, 1885. There were present: Drs. Bergin, McMillan, Brouse, Moore, Easton, Pickup, Pringle, Alguire, Munroe, Harrison, Hamilton, Gravely, S. A. Hickey, A. D. Wagner, Faulkner, C. E. Hickey, G. C. Wagner, Davis, Reddick, and Lefevre. Dr. Bergin in the chair. The Chairman addressed the meeting upon the following subjects:—The proposed increase of the annual fee to the Council, the necessity of raising the standard of medical education particularly in preparatory examinations, the Imperial Medical Act, the establishment of a code of ethics, and revision of the tariff.

The following resolutions were carried:—That in the opinion of this meeting it is not advisable that the annual fees should be increased to \$5.00, as proposed by the Medical Council.

That this meeting disapproves of universities and colleges having no medical schools in connection with them, being represented at the Medical Council.

That this meeting approves of raising the standard of the matriculation examinations.

That candidates for matriculation should be obliged to present credentials of matriculation in arts from any Dominion university, which will entitle them to matriculate in medicine upon payment of fees.

That this meeting sincerely hopes and re-

quests that the Medical Council will take such steps as shall forthwith give to this Province a legal code of Medical ethics.

That this meeting feels very strongly the injustice of being obliged to register imperial graduates without examinations, a privilege we deny our own graduates, and that we desire the Council to take such steps as may be advisable to obtain justice in this matter.

That in the opinion of this meeting, it is desirable to have a taxing master appointed for each of the St. Lawrence and Eastern Territorial Divisions.

That the registered medical practitioners resident in the St. Lawrence and Eastern Division, do now form themselves into an association, to be known as the Medical Association of the St. Lawrence and Eastern Division, the officers to consist of a President, two Vice Presidents, a Secretary, and a Treasurer; the President to be the representative of the Division in the Ontario Medical Council, and the other officers to be elected annually.

The following were elected:—Dr. Bergin, President; Drs. Brouse and McMillan, Vice-Presidents; Dr. Lefevre, Secretary; Dr. Moore, Treasurer.

A committee was appointed to revise the tariff and their report being adopted, the Secretary was instructed to forward it to the Territorial representative to be submitted by him to the Medical Council for their approval at the June meeting.

J. M. LEFEVRE, M.D., *Secretary.*

Correspondence.

LETTER FROM LONDON, ONT.

(From our own Correspondent.)

This electoral division is, at present writing, sadly exercised over the coming election of a representative to the Council. It is perfectly proper that the public acts of a representative should be open to the fullest criticism, and that he should be allowed sufficient latitude for defence or explanation, but it is surely derogatory to the dignity of a learned profession to copy the casuistry and chicanery of political contests. Circular after circular, accusation and denial follow one another in rapid succession, and enough has been written to fill an ordinary

blue-book in order to prove a simple question of fact. Surely there can be little honour in a position obtained or held by such questionable means.

We have two very acceptable additions to our number here in the persons of Dr. Belfry and Dr. Shore. We bid them welcome, feeling sure that they are likely to prove worthy members of the profession.

Of course the coming meeting of the Ontario Medical Association is expected to be the crowning event of the year in medical circles. It is to be held in Victoria Hall, the pleasantest room in the city for any meeting of the kind, on the third and fourth of June. This is the first time that the Ontario Medical Association has honoured London, and the medical men here are anxious that it should be the best meeting of the Society since its inception. So far the indications point to a meeting of more than usual interest. A large number of papers on interesting themes have been promised, and we believe the President has agreed to introduce a question drawer. Twenty minutes at each session is to be allotted to answering questions which may be handed in writing to the secretary. I am sure this will be a very pleasant change from the ordinary routine of reading papers, and by the means of eliciting a great deal of that valuable practical information, which is stored away so abundantly in the experience of the now-writing members of the profession. As usual the indefatigable General Secretary, Dr. White, has spared no pains to have everything in apple-pie order. The profession are certainly very much indebted to the Doctor for the interest he has taken in the Association, for I am sure it will not be denied that it is largely due to his efforts that it has been so successful. These meetings should never be missed; they enlarge the views, stimulate the energies, and afford a pleasant and profitable relaxation from the daily routine of practice. I never attend one without feeling that I have been well repaid, and that I must never miss such another opportunity. It is presided over this year by the venerable Dr. Worthington, of Clinton, a very veteran in association work.

I understand the professors of the London Medical School are jubilant over the success of

their students at the recent examinations of the Council. Two of them were excelled by none and equalled by only four or five, whilst every one sent up received honours. This is a very creditable showing for a young school, and may well excuse a little blowing. The "new room" seems to sweep clean, and their students evidently enjoy exceptional advantages. Let us hope for the credit of our Forest City that it may continue in the future to be managed as efficiently as in the past.

KOUMISS—The following formula I have tested and found satisfactory; cane sugar seems to do as well as grape sugar:—

R.—Grape sugar $\frac{1}{2}$ oz., dissolve in four ounces of water and add 20 grains of compressed yeast. Put in a quart bottle and fill with fresh milk to two inches from the neck. Cork tightly, wire, and put in a warm place. Shake three or four times during the day. Ready for use in 24 hours.—**R. ZIMMERMAN, M.D.**

MR. LISTON.

There is living within a mile from me an old gentleman in his nintieeth year, in full possession of his intellect, who is an interesting colloquist.

During a recent conversation with him, he told me he had been "Weel acquaint' wi' Leeston in Edinburgh," and that Liston was born one year before he was.

Mr. Liston, when twenty-six years of age, amputated the leg of the sister of this gentleman, who, by that eminent surgeon's orders, made his first wooden leg, and the first wooden leg Mr. L. had occasion to order. After that, as this gentleman says, "Liston would take them off, and I would put them on."

He describes Mr. L. as a fine-looking man, six feet high, built proportionately, and wearing side-whiskers.

He tells an amusing story of him of the long-splint fame. It seems he was inclined to be a little wild in his youth, and occasionally his countenance showed traces of it.

One day, when in company with a friend visiting an invalid gentleman in the country, the former told the latter he had better have an "advice." The reply of the latter was, "He had better take an advice himself."

—**BRIGDEN, May 4th, 1835. F. H. S. A.**

Book Notices.

Virchow's Archives has now reached its hundredth volume. Of those who commenced it, now all have passed away except Virchow himself.

Vick's Floral Guide.—James Vick, of Rochester, N. Y. State, is always on hand in the spring with his elegant "Floral Guide." Lovers of fruits and flowers will find it a useful list of seeds, plants, and bulbs, with full instructions as to time of planting, etc.

There will be issued by the New England Publishing Co., Sandy Hook, Conn., during the month, a book entitled *Berlin as a Medical Centre*, by HORATIO R. BIGELOW, M. D., of Washington, D. C. This book will be a complete and accurate medical guide to Berlin, giving instructions in reference to board, clinics, lectures, expenses, etc., and all information that will be necessary for the medical student abroad. The price will be \$2.00.

Modern Therapeutics of the Diseases of Children, with observations on the Hygiene of Infancy. By JOSEPH F. EDWARDS, M. D. Philadelphia: D. G. Brinton, 1885.

This is a companion volume to Naphey's Medical and Naphey's Surgical Therapeutics, and is gotten up in the same style. It comprises extracts from journals, monographs, or treatises, showing the views of modern writers and practitioners as to infantile therapeutics and hygiene. Young practitioners who have not familiarized themselves with the standard works of such men as J. Lewis Smith, Eustace Smith, Henoch, etc., may find this work convenient, but it will never aid them to become scientific or practical physicians. To lazy, non-reading men it will be a boon, but in our opinion such works are not calculated to advance medical science. The work, such as it is, is well done; the treatment of English, French, German, American, Russian, and other physicians being fairly, though necessarily briefly, given. We notice several extracts from Canadian journals. Henoch and J. Lewis Smith are most frequently referred to.

Kirke's Handbook of Physiology. By W. MORRANT BAKER, F.R.C.S., and VINCENT DORMER HARRIS, M. D., Lond. Eleventh Edition, with nearly 500 Illustrations. New York: Wm. Wood & Co., 1885.

These volumes are the February and March numbers of Wood's Library of Standard Medical Authors. A text-book on physiology that has reached the eleventh edition requires no extended notice at the hands of the reviewer. It would be more than a thrice-told tale to commend it to students and practitioners to whom it has been so long and so favourably known. This edition contains the latest established physiological facts and observations, a large number of new illustrations, and a table of the absorption spectra of blood and bile.

Controvertible points on physiology are not discussed, and in this we think the editors have shown wisdom, in a work intended as a guide for students chiefly, who can almost always have access to the larger works of reference. It would be an advantage, we think, in issuing works in two volumes in this style to have each separately indexed. The typography, etc., are of Wm. Wood & Co.'s well-known library style.

Micro Chemistry of Poisons, including their Physiological, Pathological and Legal Relations. With an Appendix on the Detection and Microscopic Discrimination of Blood. By THEODORE G. WORMLEY, M. D., Ph. D., LL.D. Second edition. Philadelphia: J. B. Lippincott Company. 1885. Pp. 784.

This valuable treatise comprises the latest discoveries in this department of science confirmed by the author's original researches. The adoption of the English system of weights for indicating the behaviour of different poisons with reagents renders the book valuable to English and American readers, as most physicians have been slow to adopt the metric system, and the legal mind is not yet, as a rule, educated up to that point of refinement. Professor Wormley is indebted to his wife and daughter for material assistance in contributing to the elegance and usefulness of the book, these ladies having drawn from nature and executed on steel the splendid plates of microscopic crystals, and blood corpuscles, the latter showing the apparent size of the red corpuscles of six different mammals under a power of

1150 diameters are claimed to be accurate within at most 1-1000th of an inch. There is also a chromo-lithograph of blood spectra.

The introduction deals with poisons generally, their classification, symptomatology, post-mortem, appearances, diagnosis, and chemical analysis, and the modifying effects of idiosyncrasy, habit, disease, &c. Part I. is devoted to inorganic poisons, alkaline, acid, and metallic. In the alkaline group and their salts reference is made to the many cases of poisoning by chlorate of potash published in the more recent journals, and to which we have more than once called attention.

Part II. devoted to the vegetable poisons, so difficult often of detection, is perhaps the most valuable part of the work, the reader being made familiar with the investigations of the most renowned chemists (chiefly German) in the symptoms, post-mortem, appearances, and chemical analysis of nicotine, conine, opium, and its alkaloids, &c., strychnine, brucine, aconitine, atropine, duturine, veratrine, jervine, solanine, gelsemine, and gelsemic acid. This second part takes up 300 pages.

In the appendix, which first appears in this edition, all that is necessary to know for the detection of blood and its discrimination is given, the subject being treated of under the heads of general nature of blood; the chemical tests, optical properties, microscopic detection and discrimination, and the examination of dried blood. As to the limit of discrimination "the microscope may enable us to determine with great certainty that a blood is not that of a certain animal and is consistent with the blood of man; but in no instance, does it, in itself, enable us say that the blood is really human, or indicate from what particular species of animal it was derived." The author very sensibly says, "This, like other tests, has its fallacies, and if in a given case these cannot be fairly met, the accused should have the benefit of the doubt." The book is elegantly printed on heavy paper, and will be most valuable for reference in medico-legal cases, giving, as it does, copious references to cases reported in recent periodical literature, which have not previously been readily accessible to the lawyer or non-journal-reading physician or surgeon.

Personal.

Dr. Canniff started for Winnipeg, May 26th, to see his son.

Dr. Bascom, (Toronto, 1885,) sailed for England, May 1st.

Dr. J. H. Howell, (Toronto, 1885,) has settled in Welland.

Dr. Knisley, (Toronto, 1885,) is practising in Port Colborne.

Dr. J. L. Davison, (Trinity, 1884,) has returned from England.

Dr. D. D. Ellis, (Toronto, 1885,) has formed a partnership in Tilbury East.

Dr. James Anderson, (Toronto, 1880,) has received the L.R.C.P., of London.

Dr. James Stewart, Montreal, will be at the meeting of the Ontario Medical Association.

Dr. Leeming Carr, (Toronto, 1885,) has formed a partnership with Dr. Richardson, of Ancaster.

Dr. J. E. Pickard, (Toronto, 1885,) has entered into a partnership with Dr. Duncan, of Thamesville.

Dr. Verner, (Toronto, 1885,) is said to have distinguished himself in the Queen's Own Ambulance Corps.

Mrs. Workman, wife of Joseph Workman, M.D., of Toronto, died from pneumonia, May 17th, at the age of 73.

Prof. Panum, of Copenhagen, who presided at the last session of the International Medical Congress, died May 3rd.

Drs. N. C. McKinnon, S. M. Hay, L. L. Hooper, and J. M. Jackson, (Toronto, 1885 and 1883,) sailed for England, May 16th.

Drs. Hiram A. Wright, and W. J. Greig, (Toronto, 1885,) went to New York, May 18th. They will go to England from there.

Professor Struthers, who reported so favorably on medical education in Canada, is to have the LL.D., of Aberdeen, conferred on him.

Dr. Chas. O'Rielly, of Toronto General Hospital, with his family, sails May 30th, for Europe, where he will remain about three months.

Dr. Jas. Gray has resigned his position of Medical Superintendent of the Montreal General Hospital. Dr. Wm. McClure has been appointed in his place.

Private Ferguson, of Winnipeg, killed at Fish Creek, was a son of Dr. Ferguson, of that city. He was a student in medicine, having spent two years in the Winnipeg Medical School.

Dr. Richard L. MacDonnell has been elected in-door physician to the Montreal General Hospital, in the place of Prof. Osler, resigned. There was quite an exciting contest for this position, the result being—Dr. MacDonnell 93 votes, Dr. F. W. Campbell 71.

Mr. Willie Canniff, son of Dr. Canniff, of Toronto, was doing well at last accounts. It will be remembered that he was wounded early in the engagement at Fish Creek. After firing he carried his right hand back to get a cartridge, when he was struck by a bullet which passed along the front of elbow joint.

The following were elected officers of the Toronto Medical Society, for the coming year:—President, Dr. J. J. Cassidy; First Vice-President, Dr. McPhedran; Second Vice-President, Dr. Burns; Recording Secretary, Dr. James Bell; Corresponding Secretary, Dr. G. B. Smith; Treasurer, Dr. B. Spencer; Council, Drs. Atherton, Carson, and Ross.

Miscellaneous.

NOT long since a fat woman, weighing, according to the announcement on the billboards, 596 pounds, was married to a professional "Albino" at a dime museum on the Bowery; and when the ceremony was completed the band, not inappropriately, struck up the air "What shall the harvest be?"—*Gaillard's Med. Jour.*

DRAMATIS PERSONÆ.—Gynæcologist and Patient who had married a widower with several children, one of whom was in the waiting-room. *Gynæcologist*, looking through the speculum,— "How many children have you?" *Patient*— "We have four in the family, doctor." "Ah! four children. That explains the condition of your cervix, madam. It was badly lacerated at your last confinement, and can only be relieved by trachelorrhaphy." "But, doctor, ain't you mistaken? I—" "Mistaken, madam! Impossible. I tell you, you have laceration of the cervix, dating from your last confinement."

"But, doctor—" "Now, madam, I know what is the matter with you, and it's no use for you to volunteer any further information. You must submit to an operation." "But, doctor, I *will* speak. I never had a child. The children we have are my husband's, by a former marriage." *Tableau.—Medical Age.*

MORE TRUTH THAN POETRY.

The *Medical Press*, very truly says as follows:

Amidst the mundane and grovelling considerations of fees and other hum-drum incidents of medical business, it is a truly blessed feeling for the working doctor to look in upon his breast and realize that, without knowing it, he is an incarnate combination of self-sacrificing philanthropy and ordinary business capacity.

If any of our readers have never realized their beatitude, we commend to their reading the following assurance from the mouth of a president, who compliments his audience in the following phrases:

"That which is but the occasional luxury of others—the relief of pain, the mission of mercy above all distinction—is our daily task. *We* truckle to no caprices of power or fashion; *we* acknowledge no worldly dependency, but follow in freedom a life at once useful and bountiful to others, elevating and independent for ourselves. Gain is but the incident, not the essential of *our* handiwork, because our true *honoraire* is the memory of insufferable pain relieved, the rescue of valued lives from danger, the restoration of fathers and mothers to their children, and the saving the little ones that seemed doomed to die."

Such a view of doctoring is very gratifying, but we suspect that most doctors—editors included—look upon the "incident" of gain as not the least part of their reward of labor, and that when a good public appointment is vacant, even *we* may violate the rule which prohibits our "trucking to the caprices of power or fashion."

This sort of peroration is neat and self-satisfying, but it is nonsense. *We* are just no better and no worse than our neighbors, and we shall not succeed in persuading the world that we are even if we delude ourselves into the idea.—*Medical and Surgical Reporter.*

THE Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS AND PROPRIETORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

SUBSCRIPTION, \$3 PER ANNUM.

Literary Communications may be addressed to any of the Editors. All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 40 Queen Street East.

TORONTO, JULY, 1885.

Original Communications.

DIPHTHERIA.

BY G. A. TYE, M.D., CHATHAM.

(Read before Ontario Medical Association, London, June, 1885).

Mr. President and Gentlemen,—No subject can be presented to practical physicians that possesses a greater interest than diphtheria—a disease as ancient as history itself, and as widely spread as the human race.

It stays not its ravages for country or climate, it ruthlessly invades alike the hut of the peasant and the palace of the prince; it is not ashamed to claim its victims in the house of poverty, nor fears to enter the home of luxury.

Many here to-day have had the circle about their own fireside broken, and every one here has felt his utter weakness when the home of his friends was desolated in spite of all his art could do, and to-day we unite our forces to meet a common foe.

We possess two means—*prevention* and *cure*—which enable us to lessen its ravages. Our greatest power at present lies in the former. It is a great satisfaction that at last we have a system of State medicine established in Ontario, and that legislative enactments now guard the birthright of every subject's health. Such legislation marks an advance in true civilization. The country owes much to the Ontario Board of Health for its energy, intelligence, and thoroughness in carrying out the Act. The people of Ontario are being rapidly educated in sanitary matters, and there are fair prospects that the prevalence of this disease, as well as many others, will be soon limited.

The report of the Registrar-General shows that it ranks high amongst the fatal diseases of this Province. For the year 1876 he reports a large increase in the number of deaths. In 1874 the deaths were not sufficiently numerous to be placed in the list of the ten highest causes of death, but in 1876 it stands third. Many deaths really due to diphtheria are returned as croup; but the death rate from croup also increased in the same year, showing that they were probably due to one cause. In 1877 it stood 5th; 1878, fourth; 1879, sixth; 1880, fifth; 1881, fourth; 1882, fifth, in which year there were 1,239 deaths from this cause alone.

The predisposing causes are telluric, meteorological and individual. Amongst the former are low, damp situations. Houses are placed close to the ground, with no provision for currents of air to pass beneath them to dry the soil or expel noxious vapours. Houses too closely surrounded with plants, shrubbery, or trees, are favourable to the development of low organism. River flats, sites of old saw mills where there is much decomposing sawdust, seem to be prejudicial. I have observed several cases apparently due to these causes—at least no other could be found.

I have notes of nine cases observed in the autumn of 1884, which occurred in two weeks in two adjoining blocks, all occurring in small tenement houses, placed close upon the flat, damp, undrained ground. Dr. Ryall, Medical Health Officer of Hamilton, reports to the Board of Health (in April last) of that city, the condition of the premises in which diphtheria was

found. The description is so vivid and terse that I produce it: "The results of the examination of the affected districts revealed cellars dirty and damp, smelling strongly of sewer gas, vegetables stored in cellars and decomposing smelling badly, kitchen sinks and baths untapped and unventilated, being connected either with sewer or water-closet or bad smells in back yards, defective pan water-closets, soft-water cisterns under the kitchen floor, well-water used which receives drainage from the surface manure heaps abundant. A few cases occurred where the premises were in good order, but the surroundings were bad."

The germ of diphtheria, whatever that may be, always finds in such conditions a suitable nidus for development, breeding spots where one germ generates many. All these causes are in the preventible list, and with the aid of the physician the people can remove these causes.

Meteorological conditions of a certain kind are strongly predisposing. The Michigan State Board of Health find that diphtheria is increased by—increased daily temperature above the average for that period of the year, increase of humidity, increase of cloudiness, excess of winds, excess of ozone, high barometric pressure. Our own health reports establish the fact that the disease is most prevalent in November and December, when many of these conditions exist, and during this period there are high barometric pressure, magnetic displays, and an electrical condition of the air producing nascent oxygen and ozone.

The experiments of Benjamin Ward Richardson show that these gases are irritating to the respiratory passages, hence we find an excess in sore throats, and a corresponding increase in diphtheria. We must conclude from these premises that sore throat is a favourable locality for the reception of the diphtheria germ.

The throats of children are very susceptible to atmospheric changes, and consequently age is a predisposing cause. The greatest mortality occurs from two to five years of age. The Registrar-General's Report for 1879 states that, of 574 deaths, 283—or about one-half—were under five years; 184 between five and ten. In 1881, 72 per cent. were under sixteen; in 1882

there were 1,239 deaths, 83 per cent. were under fifteen. The *exciting* cause of this disease is probably a germ from some former case. Bacterial pathology has not yet clearly established its nature.

The natural history of these germs teaches us that they thrive best where there is moisture and decomposition of organic matter, and continue to produce their kind so long as favorable soil is present, and that those already formed may linger long in a locality after the production has ceased.

Dr. Bryce, in Health Report, says there does not appear in the whole catalogue of disease one which is so persistently endemic in a locality when once introduced.

What are the modes of communication?

It is communicated by the direct passage of morbid material from a diseased throat to one previously healthy. The history of tracheotomy presents some lamentable illustrations of this fact. It may be communicated by the inhalation of germs existing in an insanitary locality, although no case of the disease then exists there. It is communicated by germs wafted in the air, and that for a considerable distance; and they produce the disease, more especially when a predisposition exists, so that many suffer whose sanitary surroundings are apparently perfect; so that the clean, as well as the unclean, may be obliged to share the calamity.

I shall confirm these propositions by a few cases.

A medical man reports to the Provincial Board that the mother of a large family laid out the body of a little girl dead of diphtheria. In a few days four of her children are down with it. The pall-bearers were boys. One of them took it home, and seven of that family are ill.

Last December I saw a boy, aged fourteen, then ill for five days. His mother saw membrane in the throat. Croupy symptoms were strongly marked. It was a serious case. I found that three weeks previously he passed the night at the house of an uncle, and slept in a bed in which a child had recently died of diphtheria. Dr. Holmes, of Chatham, related a case which seems to show that it may be carried in clothing. A gentleman called at a

house on business, and was obliged to remain there some hours. The disease existed in this house. He went to his own home some miles distant. No cases were near his own residence, yet both wife and child took the disease, and the child died.

Dr. Mullin, of Hamilton, tells of a family under his care; four members suffered; the first a schoolboy; the early indications appeared Nov. 6; the other children were sent from home at once, and the patient was convalescent the 13th. The other children were brought home the 20th, and efforts made to keep the convalescent one isolated; however, on the 30th another was seized; Dec. 1st another, and on the 6th the third. He says the occurrence in the last three seems to him fairly attributable to contagion from the first.

During the winter of 1884, I observed a number of cases in one neighbourhood, which seemed to prove its passage in the air. In a tenement house, standing alone in a filthy state, two children died of diphtheria; across the street, and a few rods eastward, is a row of houses, all situated on high, dry ground, fair water, and families in good circumstances; in a few weeks after the deaths in the tenement house, it appeared in this row, which was in the direct tract of prevalent winds; two children in one house, five in the next, and four cases in the third house, in all 11 cases in this row of houses; the two in the first house recovered; one of the five in the second house died some days after apparent convalescence of heart paralysis, another had a narrow escape; in the third house one died; a visitor had contracted tonsillitis while boating on a damp evening; she died from stenosis of the larynx.

Four weeks later five cases occurred in an adjoining block, in my care; another case closely attended by another physician; some weeks later, in a house close to the original outbreak, but on an opposite side, two children died in one family, altogether 19 cases and 6 deaths in a radius of about 20 rods. Our Board of Health was not yet organized; had there been means to have thoroughly cleansed house No. 1, I believe disease and death would have been prevented.

Prophylaxis is a most essential part of the

treatment, for more can be saved by prevention than by cure. It must be confessed that our treatment is not yet what we may hope for. The prophylactic measure can be inferred from the etiology already stated.

Let the unaffected ones of a family be isolated at once, if possible, in another house, and in a different locality, as high and dry as can be secured, and let the quarantine be prolonged. All exposure to cold winds must be avoided. Keep throats of sound children disinfected with proper applications. I am sure this will prevent some cases. Every case of sore throat should be promptly treated. Rooms occupied should be large, well ventilated, and kept at an even temperature. The vapour of turpentine, tar, or sulphurous acid are probably useful, and are very well tolerated. Every infected locality should be visited by the authorities and completely disinfected to prevent spread of the disease.

IDENTITY OF CROUP AND DIPHTHERIA.

This question has been discussed for some time without reaching a definite conclusion. The views of Lewis Smith in a recent article are correct, that membranous croup is not a disease of itself, but an outcome of other diseases or conditions, and states them in the order of frequency: 1. Diphtheria; 2. Cold; 3. Measles; 4. Pertussis; 5. Scarletina; 6. Typhoid; 7. Irritating inhalations. He says that in all instances the morbid anatomy, clinical history and required treatment of the croupy state are nearly identical; that attempts to differentiate them are futile; this puts the identity as regards treatment too strong, for in diphtheritic croup the system's condition is more adynamic than in croup from cold. In croup from other causes there is a sthenic condition, and the stenosis is the principal difficulty, and calomel could be pushed farther or jaborandi be used.

Jaborandi was tried extensively in the terrible epidemic of diphtheria in Russia a few years ago in the croup cases, upon the theory that the abundant secretion produced would so influence the condition of the parts as to prevent the formation of membrane or dislodge that already formed. The statistics do not favour its use in diphtheritic croup from its depressing tendencies. In cases of croup due to cold I have found

it a powerful agent for good, and children tolerate this drug to a remarkable degree. The treatment of this disease has a superlative interest. It is strange how many specifics there are—how many there are that find sure cures and safe cures. There are medical men who say they have never lost a case. Happy is the man who can so flatter himself.

The local treatment is secondary in importance to the general treatment. The throat is now no longer improved by caustics, acids and rough swabs, which would produce a sore throat where none already existed. The throat should be kept as clean as possible with frequent gargles of hot water, which lessens the hyperæmia. Solutions of chlorate of potash are grateful. The soft brush of camel's hair should always be used to make applications. There are many applications so equally good that it is little difference which we employ. Sulphurous acid and glycerine, with the addition of thymol, is effectual and pleasant. Oil of eucalyptus and liquid petroleum make another good topical remedy. Lactic or acetic acid with glycerine I have found useful. The atomizer is an excellent instrument to make applications to the throat by the mouth, or through the nose, where the patient's age permits. Much harm can be done by using violence to dress the throat. Solutions that permit of being swallowed are better than forcible swabbings. Formerly membranes were eagerly detached, leaving a raw, bloody surface, upon which rapidly forms a new membrane, often in 24 hours. The membranes should be well cleansed and disinfected, and allowed to drop off when ripe for separation, after which they rarely return. Loose, hanging portions can be removed with scissors. Rossback, of Germany, after four years' trial, speaks favourably of the vegetable digestive papayotin. It acts well in an acid or an alkaline medicine. Dr. Lewis Smith mixes one drachm of Fairchild's extractum pancreatis with three of sod. bicarb, then adds one teaspoonful of this to six of water and pencils the fauces, and uses trypsin with the atomizer for membrane in the larynx. A discussion of this subject at the last meeting of the American Medical Association confirmed the use of tried remedies, but nothing new of value was introduced.

The longer I treat diphtheria the more am I convinced of the power of the chloride of iron tincture, alcohol, quinine and chlorate of potash, but the first mentioned is superior to all; but these articles are all eminently safe, whether the tendency to death be from asthenia or from asphyxia; but its best effects are seen only when administered in very large doses.

Dr. Jacobi, in the *American System of Medicine*, recommends from 5 to 15 minims properly diluted every 15 minutes or half hour, and I am sure from my own experience that this is valuable teaching, and there is certainly a tolerance of the drug in this disease.

Alcohol given early and freely stands next to iron. Austin Flint, in an admirable article on Medicinal and non-Medicinal Therapeutics, thus speaks of alcohol in this and kindred affections: If alcohol be useful as a material for combustion within the body, it is indicated in the condition of fever, prior to the indication for its employment to sustain the failing powers of life. The object from this point of view is to forestall these indications and prevent the asthenia. It is evident that employed with a view to test fairly its value as an antiseptic or parasiticide, or as an antidote, it is important that it should be employed early, continuously, and in as large quantities as it may be tolerated.

Chlorate of potash is a well established remedy, but given in very large quantities will produce nephritis and albuminuria.

Quinine in tonic doses is an excellent adjunct, but its bitter taste makes it difficult to administer to young children.

When croupy symptoms appear there is still a possibility of arresting the further progress of the membrane by the increased dose of iron and alcohol. For many years I have found excellent results from the frequent administration of small doses of calomel, 1 gr. per hour, and free inunction of the neck with oleate of mercury. I know no remedy equally potent.

The inhalation of moisture, in the form of vapour, is beyond doubt of considerable value. The atomizer is the best instrument for producing the vapour.

I have tried to use ice, but my patients would never tolerate it long enough to judge of its merits.

When the stenosis continues to increase in spite of remedies, no time must be lost if the trachea is to be opened; for if there be any hope from the operation it is when done comparatively early. The results are not encouraging. The benefit of this operation, so manifest in croup from other causes, is not found in diphtheria, for it does not check the disease.

Dr. Holmes, of Chatham, informs me that he has operated three times with a fatal issue in every case, but he would advocate the operation for euthanasia.

The albumen of this disease is rarely due to a nephritis, but to congestion of the kidneys, for it rarely produces dropsy or uræmia, and recovery is rapid after the cessation of the cause. The dyspnoea produces general engorgement which the kidneys must share; or the vagus being affected, the heart is weakened, and the congestion is due to this cause.

The paralysis of diphtheria is fortunately not very frequent; some epidemics are much more marked than others by its appearance, and unless it involves the heart, or the paralysis is general, there is a strong tendency to spontaneous recovery. I have used faradism, but cannot say that it hastened recovery. There is some evidence that galvanism has a beneficial influence. Professor Thacher, of Yale, has made some careful observations on the effects of massage, faradism and galvanism. There was a positive gain from galvanism, no effect from faradism, while massage seemed to lessen the power.

SOME OF THE SURGICAL SEQUELÆ OF THE EXANTHEMS AND CONTINUED FEVERS.

BY ROSWELL PARK, A.M., M.D., PROFESSOR OF
SURGERY IN THE MEDICAL DEPARTMENT,
UNIVERSITY OF BUFFALO, N. Y.

(Read at Meeting of Ontario Medical Association, London,
June, 1885.)

Some of the properly surgical sequelæ of the exanthematous and continued fevers are well known and commonly recognized; such are orchitis following mumps, catarrh of the middle

ear after scarlatina, and bed-sores after typhus and typhoid. These are easily discovered, and their causes readily and unmistakably traced. But there exist numerous other lesions whose actual primary causes are connected with the febrile state, but are yet frequently overlooked or ignored, and which may even pass totally unrecognized because of forgetfulness or ignorance that they may ever be thus produced. Concerning these the text-books are singularly silent; and it is to a few of the more striking of these, as illustrated by cases occurring in my own practice, that I beg to invite your attention.

Most of those which I shall report have been sequelæ of typhoid fever, and my reason for this is well expressed in a sentence from one of Paget's *Clinical Essays*. "The sequelæ of scarlet fever are commonly enumerated; those of typhoid fever—especially those seen in surgical practice—are scarcely less numerous, but seem less known." And a little further on,— "Certainly it must not be called accidental or unmeaning, if after typhoid some patients have chronic suppuration of lymph glands, and some phlebitis, and some acute periostitis (some of these being symmetrical and ending with necrosis), and some have chronic suppurative periostitis of ribs, and some have wasting of muscles, and some a local paralysis." (pp. 378, 379.)

Were I to try to go over all the ground I legitimately might, I would prolong this paper beyond the limits of this session; I therefore omit all reference to diseases of the eye, ear and larynx, all consideration of erysipelas, phlebitis, gangrene and bed-sores, all allusion to perforations and hæmorrhages, and shall try to be suggestive rather than discursive in what I have to present within these restricted limits.

Post febrile collections of pus in the joints are rare. Of 3,130 consecutive cases in Vienna General Hospital only two occurred. Of standard authors Volkmann alone mentions their possibility. Keen has been able to collect forty-three cases, in thirty of which dislocation occurred spontaneously (twenty-seven times at the hip); the cause being the mechanical distension of the capsule by pus, accompanied by a relaxation of ligamentous structures.

CASE I. I have a friend one of whose hips is ankylosed in faulty position. The displace-

ment occurred during his early childhood, and, as I gather from his own statements, reinforced by those of some of his relatives, his trouble was originally a spontaneous dislocation, permitted by the presence of pus in the hip-joint during a protracted siege of scarlatina.

Another case of this general character, but which was not allowed to go on so far, was the following:—

CASE II. *Morbilli; monarticular abscess.*—C. M., a boy of six, had a quite severe attack of measles. He had always been weak and sickly, and this acute attack in addition proved almost too much for him. After the eruption had fully subsided he was noticed to favour the right arm, seeming disinclined to use it. Then he would cry out when it was moved. Examination showed a slight tumefaction of the elbow-joint, and a sensation of heat about the part. Swelling increasing, it was held that we had an acute synovitis to deal with. It was only after a few days, when local treatment had made no impression, that it was deemed best to explore. With the aspirator I drew off about 60 cc. of ordinary laudable pus. Four days later aspiration was repeated and a smaller amount removed. With careful manipulation full range of motion was restored, and the boy made a good recovery.

These cases teach the value of early and attentive examination and of careful treatment should a child sick with either of the exanthemata show any indisposition to move an extremity.

It is known that after typhoid fever various degenerative changes take place in muscular tissues, and these have been noticed most often in the abdominal muscles, and next often in those of the thigh, and in the diaphragm and psoas. At times it happens that large portions of bellies of muscles are separated and cast off. Muscle changes are not solely the result of fevers; they have been met with after pneumonia, cholera, scurvy, cerebro-spinal meningitis, and other acute affections. No certain knowledge has been gained concerning their exact nature nor their precise sequence. Velpeau first published an account of muscular rupture, in his case of the abdominal muscles, and said that they became so fragile in advanced stages of putrid fever that in the irregular and con-

vulsive movements of delirium, coughing, etc., they might easily part. Frequently such solution of muscular continuity leads to the formation of hæmatomata inside of muscular sheaths, where they may be found post-mortem; or, should recovery ensue, they may give rise to peculiar features calculated to deceive even the very elect.

In other cases the change is one occurring by degrees, and leads to the formation of depots of softening, or even to that of true cold-abscesses, as in the following case:

CASE III. *Post-typhoid intra-muscular abscess.*—Caroline Meyer, aged 20, was brought to the Buffalo General Hospital November 10th, 1884, sick with typhoid fever, and for weeks her life was despaired of. After the febrile crisis had passed she was comatose, and then stupid for many days, and returned to her normal mental condition very gradually. January 15th a tumour of some kind was discovered in the middle line of the abdomen, nearer the pubis than the umbilicus, and evidently in the substance of the anterior abdominal wall. It was at first tender, and there was slight general febrile disturbance, but the latter soon disappeared. A month later fluctuation was detected, and, with the hypodermic syringe, a fluid resembling pus was drawn off. February 28th, the patient having been anæsthetized, the collection was cut down upon, in the middle line. It was found to consist of a pair of cavities, each about the size of a pullet's egg, containing a thick, colloid, cloudy, straw-coloured fluid, of consistency of mucilage, somewhat resembling pus. The cavities were lined with a membrane closely resembling the ordinary pyogenic membrane of a cold-abscess. They were situated almost symmetrically on either side of the linea alba, their lowest limit at the top of the pubis, and were, apparently, the relics of the lowermost section of the rectus abdominus. Their lining walls were removed with scissors and curette, irrigated with sublimate solution, proper drains and deep sutures introduced, and an iodoform dressing applied. Perfect recovery was as prompt as could have been desired.

Further than this, areolar and fatty tissue in non-vascular regions may break down on apparently little or no provocation, and then we

may have conditions of which the next two cases are illustrations.

CASE IV. *Continued fever; abscess of ischio-rectal fossa; rectal fistula.*—W. E. C., aged 34. This patient had had syphilis some years before I saw him, without recent outbreak; also had a family history of phthisis. In 1878 he was sick for some weeks with an adynamic fever, perhaps best known as continued. He was of intemperate habits, and his constitution much debilitated by excesses. Some five weeks after the onset of the fever he began to complain of soreness in the left ischio-rectal fossa. Pain and soreness in this region increased with only moderate rapidity, and a typical abscess developed, which, however, he would not allow me to open. In due time it evacuated itself, and a fistula was formed which must later have connected with the rectum, since he said afterwards that faecal matter came through it when his stools were soft. He recovered sufficiently to disappear from observation, declining all operative help. Some two years after I heard of his death, apparently from tuberculosis of lungs and bowels.

The next case illustrates the same character of abscess formation, only in glandular and periglandular tissue.

CASE V. *Typhoid, convalescence; parotid abscess.*—Mina Braun, aged 18. In the spring of 1879 patient had a rather severe attack of typhoid. Convalescence began satisfactorily, but was interrupted by swelling of the left side of the face, with considerable febrile disturbance. Teeth on that side apparently all sound. Finally the accession of a chill, and, a little later, of deep-seated fluctuation, made clear the presence of pus, which was properly liberated by incision. For some time after there was a paretic condition of those muscles supplied by the left facial nerve, and convalescence thus interrupted progressed slowly; but complete recovery finally ensued.

Ostensibly muscular lesions of a very different character give rise to deformities of all kinds and degrees of severity. I allude to the pareses, paralyses, contractures, etc., which follow not only diphtheria and cerebro-spinal meningitis, but the exanthems and continued fevers as well. Thus, who has not seen contractures or paralyses of the lower extremities

after scarlatina? In milder form I not infrequently meet with cases of rotary-lateral spinal curvature and partial forms of acquired club-foot, where I get a history that the paretic condition of the muscles, or their contracture, as the case may be, was a sequel of some febrile attack. When taken in time, these cases are commonly easily amenable to treatment; but cases of long standing are most obstinate, or sometimes incurable. Such a case of somewhat unusual nature was the following:

CASE VI. *Scarlatina, paralysis of the serratus and rhomboids.*—Miss K., aged 19; when about 12 years old had what I take to be, from her account, scarlatina. She knows that before her illness she had perfect use of her right arm, and that, after recovering in other respects, she found its movements in certain actions much restricted. This was all she could tell me of it. I found position of right scapula characteristically altered, and could evoke almost no sign of contractility on the part either of the serratus magnus or of the two rhomboid muscles. Their electrical reaction was almost nil. I saw her only once, and therefore cannot say what was the result of the measures I advised for her relief.

The various paralyses of the palatal, pharyngeal and laryngeal muscles which result from the cynanche of scarlatina are other instances of a local expression of a systemic poison.

On the other hand, while it has not been my lot to meet with any of them, there are several cases on record of trismus or tetanus following typhoid, which go to show that muscular activity may be greatly exalted, apparently, by the same poison which in certain other cases places it in abeyance.

Of the genito urinary organs, aside from the kidney, which is so often affected, though hardly in a surgical way, I recall the following cases seen while I was either a student or a hospital interne, and reported from memory.

CASE VII. *Scarlatina, orchitis.*—A boy convalescing from scarlatina anginosa complained of pain and soreness about the genitals. On examination the right testicle was found to be swollen and very tender, and the right half of the scrotum to be red and oedematous. This all quickly subsided under treatment.

CASE VIII. *Typhoid, epididymitis*.—A man came into hospital during the first days of his illness—which proved to be typhoid. He had no gonorrhoea then, and his statement that he had never had it seemed reliable. Nevertheless, about the end of the third week of his stay he developed a very typical epididymitis on the left side and a mild form of the same on the right. This local trouble made him the more willing to remain in bed, which he was otherwise somewhat disinclined to do, and was thus perhaps a happy check on his restlessness. Recovery was perfect.

CASE IX. *Typhoid, abscess in prostate*.—Another man was brought into the hospital with acute parenchymatous prostatitis, with a history that he had been confined to his bed at home for about a month with what his physician said was typhoid fever, and just as he was beginning to walk about the house the symptoms of his present trouble came on. His was a serious case; he developed an abscess in the prostate which had to be evacuated under an anæsthetic, and for a few days he had septicæmic symptoms. He finally went home convalescent, and his later history is unknown to me.

But it is, perhaps, in the osseous system that the lesions following fevers take on the most striking characteristics. These may be confined to acute inflammations which subside almost as rapidly as they commence, or they may be of the most destructive nature. In no standard text-book—so far as I know—is it stated that acute periostitis may be a sequel of typhoid, yet the following case makes this very clear.

CASE X. *Typhoid, acute periostitis of bones of pelvis and of both lower extremities; recovery*. J. Bradley, aged twelve. In November, 1882, I attended this boy through an attack of typhoid of more than average severity. Within a day or two after the crisis seemed to have passed he began to complain of pain in the legs. This was the beginning of a periostitis which involved in its course the bones of both lower extremities, not sparing the small bones of the feet, and spreading upward till nearly, if not quite, all the periosteum of the pelvis was affected. The swelling and inflammatory thickening were extreme, the pain very severe, and the sensitive-

ness so acute that the jar of a heavy footfall in the room caused him to cry out in agony. For sometime he was delirious, and for several days his life hung as in a balance. After two weeks of this torture the change for the better came as rapidly as did, in the first place, that for the worse. In due time, by the aid of friction and passive motion, complete use of the limbs was regained, and by the following spring he could run and jump as did his playfellows.

That such a case is not unique I well know, yet such comprehensive monographs as that by Liebermeister, in Ziemssen's *Cyclopædia*, make no mention of its possibility.

Caries and necrosis after the exanthems and fevers are more common. Thus a friend has very lately told me of a case of extensive caries of the humerus closely following scarlatina. Some of these cases are no doubt due to embolism of the nutrient artery of the bone, while others are due to the acute marasmus and defects of nutrition caused by the fever, and to the depraved condition both of the blood and blood-making organs, among which latter the bone marrow must take rank. Both the immediate and remote effects of such changes are illustrated by

CASE XI. *Morbili, abscesses, spondylitis deformans, and later, necrosis of the lower jaw*.—B. S., aged 13; family history good. Had measles when five years old; soon after this the right side of her face swelled up and an abscess opened below the eye. Within a year after the preliminary symptoms, which had lasted several months, a distinct angular curvature of the lower dorsal vertabæ was visible. Proper treatment effected a cure of this by ankylosis. In 1882 an abscess formed near right angle of lower jaw; since this the jaw has been affected, swelled much out of proportion on that side, and painful; and the child has been running down. The cause of her trouble was not recognized until I saw her in the summer of 1884, when I found her much emaciated and reduced. I had to remove nearly the entire right half of the lower jaw, after which she was quickly restored to good health.

I have been careful to specify in this case the fact that her family history was good, because, while I regard her trouble as the result of tuber-

cular osseous lesions, I also feel that the cachexia left by the fever so lowered her vitality and resistance that she fell an easy victim to that dread infectious element by which we are every day menaced, and which is only resisted by those whose vitality is, as it were, above par. An even better illustration of this is furnished by the next case, in which there was no hereditary element that I could trace, but in which a distinctly tubercular lesion succeeded closely on an adynamic fever.

CASE XII. *Typhoid, acute Pott's disease; fever.*—Miss S., aged 19. In July, 1884, was very sick with typhoid fever; convalescence was scarcely accomplished before she began to complain of sciatic pains on the left side. Under her attendant's treatment these somewhat subsided. By November she had discovered an extremely tender spot over the lower dorsal spine, and suffered pain from the slight jarring. She rapidly ran down, with all the symptoms of spondylitis, and could only rest when under the influence of anodynes. December 23rd, she was placed under my care by Dr. Williams, of Ridgeway, Penn. She had suffered greatly from the journey on the cars; she was, when seen, utterly unable to stand, and there was slight kyphosis of the lower dorsal and upper lumbar vertebrae. Within two days I had her encased in a temporary plaster jacket, which was once removed. Within six weeks this was replaced by a leather corset braced with metal. All her pain had left her within a few hours after the application of the first jacket; in less than seven weeks she was walking a little, and in eight weeks was at home. While writing this I learn that she is as well as ever, though still wearing her corset.

The next is also a case of similar pathological lesion in spongy osseous tissue.

CASE XIII. *Typhoid, caries of sternum.*—B., aged 40. In June, 1882, had a fever which, from the description, was probably typhoid. Immediately after this an abscess formed over the left side of the sternum, about its middle, and was opened. In April another formed very near the site of the first and was repeatedly opened. July 1st, I found distinct caries of the chondrosternal articulation on that side, and soon after removed all the diseased bone. A second opera-

tion was required later, after which she enjoyed perfect health.

I will next give briefly two cases of most destructive osteomyelitis of tubercular character, the first of which ran a much more acute course than the other, both of which were undoubtedly sequelæ of typhoid fever, and in both of which amputation was imperative and was successfully performed.

CASE XIV. *Typhoid, extensive osteomyelitis and caries of bones of right arm; exarticulation at shoulder; recovery.*—W. T. Kingman, aged 35, Pullman, Ill. Early in the spring of 1883, patient had a severe attack of typhoid fever. About the time his recovery seemed assured, his right arm became very much swollen and very painful. Details of his case are lacking, but when he came under my care, twenty weeks later, in hospital, there was a large tubercular abscess of the right pectoral region, with several abscesses along the arm and about the wrist. Crepitus was distinct in every motion of the wrist, elbow, and shoulder, showing extensive disorganization of these joints. The bones were enlarged, the cellular tissue boggy and infiltrated with pus, and the shoulder partially ankylosed. Withal, his general condition, was fair. Amputation being the only resource, I exarticulated at the shoulder June 23rd. On operating I found, as I expected, that the abscess under the pectoral muscles connected with the shoulder-joint. He made a most satisfactory recovery. Dissection of the arm revealed a most extensive picture of caries, with ulceration and abscess formation of soft parts; tuberculous foci in many places having broken down, and in other places being just ready to do so. How, in this case, general infection had been avoided is more than I can explain.

CASE XV. *Typhoid, cold-abscess; osteomyelitis of femur, extensive necrosis; amputation; recovery.*—F. L., aged 26, Jamestown, N. Y. In 1875 had typhoid fever. Soon after this began having abscesses about the left thigh and groin, some of them of considerable size, and which, judging from the scars remaining, must have been of the nature of cold-abscesses. He was bothered more or less with these for years. In June, 1882, he had a subacute osteomyelitis of the lower portion of the right femur, after a

trifling exposure. I did not see him till August, 1883, when I found his legs and thighs studded with the scars of various old abscesses. There was then complete necrosis of the lower end of the femur with separation of the lower fragment. Amputation of the thigh was the only thing left for us to do, and from this, under Dr. Bemus' care, he made complete recovery.

In this connection I am tempted to put on record the following two cases in which profound malarial poisoning was in nowise distinguishable in its effects from the cachexia left by typhus and typhoid.

CASE XVI. Chronic malarial poisoning, pericystic cellulitis, abscess, necrosis of the pelvis; death.—W. G. W., aged 54, had syphilis twenty years previously. In 1872 the patient was in a malarious district and suffered severely from the indigenous "chills and fever." While thus suffering, and without other known cause, he felt first a soreness in the bladder, more on the left side, which rapidly increased in severity until a discharge of pus, per urethram, somewhat relieved him. This continued a while and finally diminished so as to be scarcely noticeable. He then went to the Arkansas Hot Springs for a while. After his return he had what he describes as "sciatic pains," and "sciatic rheumatism," the left side being mostly affected. A few months after this he began to feel soreness on the right side of the pelvic cavity. Some months later a swelling appeared in the right groin which gradually involved the whole inguinal region and spread down toward the knee. Half a year later, according to his own account, when it had become quite large and soft, he opened it himself and evacuated a quantity of bloody urine. The soreness and tumefaction disappeared slowly, but the fistulous opening persisted. In March, 1877, when he came under my notice, he was quite anæmic and emaciated. On the inner side of the right thigh was a small fistula through which the urine dribbled. A probe failed to pass the sinuosities of the fistulous track. He complained of constant pain in the region of the bladder. March 13th, cystotomy was done, as in the lateral operation for stone, for better drainage purposes, by which operation, also, a small calculus of the size of a bean was removed from the prostatic urethra,

where it had excavated a lodging for itself. In spite of this free outlet and daily irrigation there was constant stercoridism of urine through the old fistula. April 1st, an abscess alongside the sacrum was opened and washed out. This was followed by a mild erysipelas attack. April 17th, occurred from its cavity a very free purulent discharge, after which he grew weaker and, sinking slowly, died June 17th.

Post-mortem.—The section showed evidences of most extensive pericystic cellulitis and abscess, with perforation of upper anterior wall. From this abscess tortuous fistulous passages lead both to the outlet on the thigh and to the sacral abscess. There was also extensive caries necrotica of the pubis, the worst ravages being near the the symphysis.

If anyone hearing this case read should be disposed to argue that this was a syphilitic and not a post-febrile lesion, I could reply with perfect fairness that, granting that he had in time past suffered from lues, his trouble, which I have described, was none the less directly evoked by the malarial poison, and was as much a sequel of the same as a latent tuberculous affection, when roused into activity by the debility following typhoid, is still a sequel of that typhoid. But, in the next case there was no suspicion of syphilis.

CASE XVII. Malarial poisoning, slight sprain of ankle, rapid caries of tarsus and metatarsus necessitating amputation; recovery.—A. S., aged 30. This I very recently saw in consultation. Three months before I saw him he was in an Arkansas lumber district where every one suffered from malarial trouble, and where he only avoided a daily chill by unremitting dosage with quinine. While at his work in a mill he sustained a sprain of one ankle, of only moderate severity. But instead of getting quickly better with rest, as it should, it troubled him more and more, until when I saw him, with Dr. Niemand, considerable carious bone had already been removed, and, under chloroform, I was able to put my finger through the entire thickness of the feet. Obviously amputation was here the only resource and was soon after successfully performed. Here again a comparatively trivial injury was sustained, and with rest and treatment would have been

soon over with had not the saturation of his system with an all-pervading poison made an inflammatory focus a spot of very slight resistance, and permitted very rapid disorganization. To those who practise in malarial districts such cases can prove of no novelty, but among us who are, in this respect, more fortunately located they must convey a lesson worth learning.

I dislike to weary you with tedious relation of cases, and will therefore close my paper with one more which is, to me at least, quite suggestive. Years ago I heard one who claimed to be authority make the statement that the development of cancer on a base of simple ulcer was impossible. That such a statement is utterly unfounded, in fact, subsequent experience has several times convinced me. But the following case is to me of particular interest, since the metamorphosis of simple into malignant ulceration followed so closely after an attack of typhoid that I am convinced the relation was something more than mere accident.

CASE XVIII. *Chronic ulcer of leg; typhoid, malignant degeneration of ulcer.*—U., age 59. Has had a chronic ulcer of leg for ten years. Five years ago had typhoid fever, very soon after which a piece of bone came out of the ulcer, and the bone (and periosteum) began to thicken notably, the soft parts to harden, and the ulcer itself to change its appearance. I saw him in March, 1885, with Dr. Diehl, and found an ulcer as large as a small saucer from which protruded a fungous mass, very vascular, the size of a half orange. There was enormous enlargement of all the tissues of the leg, so that his ankle was nearly as large as his thigh, and was immovable. Inguinal glands were much enlarged, and he had a cachectic look, though his general health was moderately fair. Microscopical examination made certain my diagnosis of epithelioma and perfectly justified an amputation, which was advised but declined.

And now, while I have by no means exhausted the number of cases which I might thus put on record for the first time, I trust I have yet said enough to set some of my hearers to cogitating; moreover, I have no doubt many of you will recollect cases seen in the past which may per-

haps be now recalled in a little clearer light than that in which they were then viewed.

Lastly, though I have done little but detail my own experience, I deem it only just to acknowledge the benefit I have derived from a perusal of Dr. Keene's excellent "Toner Lecture"—"On the Surgical Complications and Sequels of the Continued Fevers"—published by the Smithsonian Institute in 1877, to which is appended a most instructive bibliography.

305 Delaware Ave., Buffalo, N.Y.

Selections.

THE ABORTIVE TREATMENT OF TYPHOID FEVER BY MERCURIAL INUNCTION.

None of the measures as yet suggested to abort typhoid fever have materially influenced its treatment by physicians in this country or in England, whatever may have been the impression they have made upon the continent of Europe. The latest treatment, although a modification of the mercurial plan which has been for some time before the profession, promises results which demand for it a trial, based as it is on an experience with one hundred cases, recently published by Dr. Kalb, in the *Berliner klin. Wochenschr.* for January 19.

Dr. Kalb's method is to rub into the skin 90 grains of mercurial ointment, daily for six days, the first application being made to the abdomen, and at least half an hour being consumed in the friction, which must not, however, be trusted to the patient himself. On the second day the ointment is to be rubbed on the inner side of one thigh, on the third on the other thigh, on the fourth again on the abdomen, on the fifth on one of the thighs, and on the sixth on the remaining thigh. The inunction is preferably made in the evening. The ointment is not quite fresh, but slightly rancid, since it is believed that a greater uniformity of result is obtained.

Coincidentally, Dr. Kalb administers a powder containing 7.5 grains of calomel and three-quarters of a grain of opium every five or six hours, the opium being added to prevent the calomel from acting as a purge. No other

medicine is given except alcohol, which is, however, administered in full doses.

The results are described as follows: On the second day the temperature falls half a degree or more, but rises again the next day to its previous height and remains at this seven days. On the eighth day of the treatment—that is, the second day after the inunction is completed—the temperature falls to normal, or almost normal, and continues thus with slight variations. Occasionally the temperature sinks to normal even during the inunction, but it is necessary to carry the treatment to its end, or the temperature may again rise.

The pulse remains for a few days at 100 to 120, though it often falls with the temperature to the normal, or even 60 or below. With the fall in temperature, perspiration becomes freer and shows itself especially on the abdomen and thighs. With the disappearance of fever there is a return of normal sensation; there is a mere trace of bronchitis, but the spleen remains enlarged for from ten to fourteen days.

Kalb has not neglected to compare these results with those produced by cold baths, by calomel and alcohol, or alcohol alone, and has invariably found that the inunction treatment contrasts favorably, and has been repeatedly reproached by patients who had not been anointed because they were still confined to bed, while others treated by inunction had completely recovered.

He does not claim, however, that the method is always successful, but only that 80 per cent. of those thus treated become free from fever within ten days of the beginning of the treatment. The treatment is also only efficient if adopted within the first nine or ten days, in general before the rose-coloured rash has made its appearance; indeed, after this time it is useless.

While he has observed salivation, it has always been slight, and confined to transitory swelling and sensitiveness of the gums, and Klab holds responsible for it the calomel rather than the mercurial ointment.

Our readers will not fail to have noticed that the treatment is really a combined one of stimulation with mercurials, but the results are certainly such as should not be lightly passed by.

Stated with positiveness and confidence, and substantiated by so large a number of cases, it would indeed be strange if they were entirely erroneous. We strongly commend them to the attention of our readers, and as the treatment is so easily carried out, we ought soon to have an abundance of testimony bearing upon its value.—*Med. News.*

INOCULATION OF TUBERCULOSIS IN A YOUNG GIRL.—E. A. Tscherning describes the case of a young woman, twenty-four years of age, who was a cook in the house of Prof. Holmes, who died of phthisis florida, in six months after its development. She had been healthy and robust, with no evidences of scrofulosis or tuberculosis. In the last days of the professor his expectoration was almost a pure culture of the bacillus in pus; two days before his death, the cook pricked herself on the side of the median finger of the left hand with a pointed piece of broken glass, which came from a spittoon. Fourteen days after the accident, symptoms of paronychia showed themselves. Phenic compresses relieved the symptoms somewhat at the end of eight days, but there was no suppuration. Circumscribed hardness of the size of a pea was felt in the subcutaneous tissue. On the following week there was also œdema and slight pain. M. Tscherning incised and removed the tumor; it was composed of granulations, and situated between the skin and the tendon. The wound healed by first intention. This was at the end of August.

At the beginning of October, the patient complained of pains on flexing the fingers. The skin and subcutaneous tissue were tumefied over the phalanx and in the palm of hand. No tenderness over the tendon. In November, a thickening of the sheath of the flexor tendon could be felt. The functions of the finger were interfered with, and there was a little pain; at the same time the two cubital and two axillary ganglia of the same arm were found to be tumefied. In other respects she was very well. November 21, Prof. Studsguaard extirpated the cubital and axillary ganglia, disarticulated the medius at its metacarpo-phalangeal articulation, incised the palm of the hand, and extirpated the tumefied tendon and its sheath. He excised

and scraped the subcutaneous granulations. Sublimate dressings. Reunion on the eleventh day.

The pathological changes were the following: the sheath of the tendon was filled with pale granulations, the serous investment of the tendon was covered by petechial patches. No pus or grumous matter; no alterations in the bone or articulation. The granulations, when examined with the microscope, showed a quantity of elementary tubercles, many of which presented a caseous degeneration in their centre; there was a number of large cellules and giant cellules. The extirpated ganglia appeared to the naked eye to be simply adenitis without pus. The microscope showed a hyperplasia of large cells, with tuberculous granulations. In all the sections of the ganglia or tendinous sheath, there were found, by using Ehrlich's method, the tuberculous bacilli very markedly shown, isolated, and sometimes in groups of two and three, in the form of a more or less open V. Often they were accompanied by what are called spores.—*Revue Bibl. Univer. des Sciences Médicales, Journal Med. Assoc.*

DANGER FROM PHTHISICAL FARM LABOURERS.

Our Paris correspondent writes: A farm at Charenton has furnished somewhat startling evidence of the transmissibility of tuberculosis from man to domestic animals. One of the farm-servants, who was phthisical and too weak to undertake fatiguing duties, was placed in charge of the poultry-yard. He grew steadily weaker, and coughed incessantly, expelling a quantity of sputa, which the fowls were observed to swallow with avidity. In a few weeks, the fowls began to die off. The owner of the farm sent one of the fowls to the veterinary school at Alfort. M. Nocard found that the lungs and liver were infested with tubercles about the size of a pea, and of a greyish-yellow colour. In a microscopic preparation, there were numbers of bacilli. The fowls were killed, and the poultry-yard disinfected. A less honest farmer might have sent the tuberculous fowls to market, a probability which doubtless has been, and will yet be, a certainty not always easy to dis-

cover. The danger attending the consumption of diseased poultry or milk from tuberculous cows, indicates that a rigorous system of inspection ought to be organized for markets, farms, and poultry-yards.—*Brit. Med.*

ANTIPYRIN AND KAIRIN.

Dr. John S. Lynch reported his experience with antipyrin in fevers at the Maryland meeting. His attention had been called to this drug during the past year. He regards it as one of the most important therapeutic agents recently given to the profession, almost equal to quinine in its value. Its chief action is upon the temperature of the body, and this action is almost certain. His first trial of it was in the case of one of our colleagues, Dr. Kinnemon, whose death occurred during the latter part of last year. He was suffering from phthisis, and all the usual medicines employed to check the rise in the temperature had proved unavailing. After a great deal of difficulty he procured some antipyrin and tried it on him with the result of at once lowering the temperature and improving the condition of the patient. He has no doubt that had he been able to obtain antipyrin longer this patient's life would have been much prolonged. He said he had used it in a number of similar cases with constant effect. In rheumatism it is fully as efficacious in his hands as salicylic acid; he had used it in dysentery and in a great number of febrile affections. He regards it as a perfectly safe remedy. The only disagreeable effects which he has noticed are that it sometimes causes nausea, and that the first dose will sometimes give rise to profuse sweating. The former is readily controlled by suspending the drug, and it is a curious fact in regard to the latter that the sweating is only brought on by the first dose. The subsequent doses are fully as effective in lowering the temperature but they do not cause the sweating. He was more ready to call attention to this drug, as he believed it was not in general use among the profession. The chief objection to the drug is its expense. As it is a product of coal-tar, and made from what was formerly considered to be refuse matter, there is no doubt that it will come down in price after awhile.

The dose of the drug is about seven and a half grains, and may be increased to fifteen grains.

Dr. R. H. Thomas said that his experience with antipyrin was very limited, but he had for about eighteen months been using kairin in cases similar to those mentioned by Dr. Lynch. Kairin acted well in much smaller doses than was recommended by European journals. He had found five to ten grains sufficient if given hourly. Kairin is a drug that must be carefully watched, as if continued too long it will cause too great depression of the system. His rule is to give it in five to ten grain doses every hour, having the temperature watched, and to stop it as soon as the temperature reaches 99°. The effect can then be continued by quinine. This can be done even when quinine has failed to produce effect before. If used in this way with care, he has learned to regard it as a valuable and reliable antipyretic.—*Medical News*.

MERCURIC CHLORIDE OF UREA: A NEW ANTISYPHILITIC.

Dr. Joseph Schütz, in the *Deutsche medizinische Wochenschrift*, of April 2, 1885, brings to notice a new remedy for syphilis which he claims to have used with good results. The bichloride of mercury and urea are combined in the proportion of their atomic weights, thus producing the mercuric chloride of urea. The preparation, which is used hypodermically, is said to be less unpleasant in its effects than other mercurials heretofore used. It deteriorates less rapidly than some other forms of mercury, produces less pain, and diarrhoea as a result of its injection has never been noticed. The preparation recommended is the following: 15 grains of corrosive sublimate are dissolved in 3.38 ounces of distilled hot water, and when the solution is cold $7\frac{1}{2}$ grains of urea are added. For the practical physician it is recommended that $7\frac{1}{2}$ grain portions of urea be kept and added in the required proportion to a 1 per cent. solution of corrosive sublimate as occasion may require.—*Med. News*.

THE PLYMOUTH EPIDEMIC.—Through the enterprise of the *Sanitary News* specimens of the water from the plague-smitten district of Pennsylvania have been examined by Prof. R.

C. Kezdie, of Lansing, Michigan. His report states that "when the jug was opened that contained the well-water an offensive odour was distinctly perceptible. On igniting the residue from this water there was a strong offensive odour. Both of these waters are bad—unfit for potable and culinary use. The well-water is *simply horrible!* I have examined many bad waters, but never found one so utterly unfit for use. It belongs to the dungheap rather than the dinner-pot. It swarms with the low forms of life in countless numbers. The examination of this water awakens surprise, not that many are sick in Plymouth, but that any should be well."—*Jour. of Amer. Med. Asso.*

UNVARYING WEIGHT AN EVIDENCE OF A SOUND CONSTITUTION.—Let me here refer to this matter of variation of weight. Many persons will be met with who have a wide range of what may be called normal weight. I never like to see this symptom, for it seems to me that those persons who lose flesh so rapidly cannot be made of very good stuff. A person whose flesh is solid and who is living a correct life should maintain pretty nearly the same weight summer and winter, varying perhaps from three to five pounds. Persons will, however, be found whose weight varies twelve or fifteen pounds at different periods of the year. With such persons I have observed that sickness goes hard; on the other hand, loss of weight in them is not to be regarded as of such serious moment as it would be in a person who was thoroughly in training and whose flesh was solid and well organized.—Prof. Pepper, in *Med. Times*.

TONIC NORMAL URINE.

In a recent number of the *British Medical Journal* there is a very interesting editorial on this subject. Although the evidence has been somewhat conflicting, there is little doubt but that normal healthy urine really possesses poisonous qualities when injected into the veins of animals. When frogs are experimented with by the intra-venous injection of urine, from fifteen to twenty-five drops are sufficient to produce death. In the case of rabbits the symptoms are contraction of pupils, less frequent respira-

tion, loss of muscular tone, fall of temperature, and finally a state of torpor, followed by death. As to the particular ingredient or compound which produces this tonic effect no decision has been arrived at. M. Bouchard has found that the tonic effects of urine are much increased, if the person from whom the urine has been taken is suffering from a catarrh or from over-fatigue. It is also increased in various acute diseases.

SCHULTZE'S METHOD OF ARTIFICIAL RESPIRATION.

Dr. Neale proceeded to explain Shultze's method of artificial respiration in the asphyxia of the newly born. He described a case in his own practice in which, after trying Marshall Hall's, Sylvester's, and other methods in vain, he succeeded in this after ten minutes.

The entire procedure is divided into two acts of inspiration and expiration, with a rest after each.

Grasp the child firmly by the shoulders—the thumbs being placed in front of them and the forefinger just behind the shoulder, and the three remaining fingers over the shoulder-blade. Stand with your legs conveniently apart, and thus hold the child. The position now will correspond to the inspiration as the chest is expanded by the child being held by his shoulders.

1. Rapidly elevate the child at arm's length as the body is correspondingly erected until the arms are about at right angles to the body or somewhat above the horizontal. Then suddenly stop the upward movement in such a manner as to cause the child to fall together upon itself, while the thumbs support the weight of its body by pressure upon the anterior thoracic walls. This corresponds to the rest or pause after complete expiration, during which time fluids, mucus, etc., may escape by gravity, from the respiratory passages.

2. Now, lessening the thumb pressure on the chest and hooking the thumbs over the front of the shoulders, the child is rapidly slung forwards and downwards into the first position. And so the regular respiratory movements should continue in systematic manner until the object is accomplished or the case prove fatal. —*Report of meeting of Med. and Chir. Faculty of Maryland, Med. News.*

SALICYLIC LEMONADE.

The *British and Colonial Druggist* says that as a "hospital beverage," which has lately been found of very great value in cases of typhoid and other fevers, scurvy and gout, the following cannot be too widely known, it having been, we understand, first devised by a late medical officer attached to the Soudan expedition:

R. Fruct. limon. No. 10.
 Acid citric ʒss.
 Acid salicylic grs. 200.
 Sacch. alb.
 Aqua, āā q. s.

Squeeze the lemons and put the juice aside; boil the fruit in half or three-quarters of a gallon of water for fifteen or twenty minutes; after standing six hours take out the lemons, and again press them before throwing the exhausted pieces away. Add the juice and citric acid to the liquid, boil five minutes, and strain. Whilst hot add the salicylic acid, and stir until dissolved. Sweeten to taste with the white sugar, and make up the bulk to one gallon with water.

Salicylic lemonade may be taken freely, either of the strength here given, or diluted with half its bulk of water. It should be freshly made every two or three days, unless it be permissible to "qualify" it by the addition of a little pure French brandy. If required to be in "bright" condition, add, when cold, a little beaten up white of egg, boil for three minutes, and filter. If found rather too harsh for some tastes, dissolve in the boiling liquid, before straining, half an ounce of Nelson's Patent Opaque Gelatine, previously swelled for five hours in cold water. —*Med. Surg. Reporter.*

RECTAL MEDICATION.

Dr. D. W. Cathell read a paper at the meeting of Medical and Chirurgical Faculty of Maryland on Rectal Medication. He spoke first on the rectum as an absorbing cavity and then said that he would confine his remarks to the use of morphia and belladonna in this way. He does not use medication per rectum in preference to the usual method by the mouth, but a number of cases arise where the stomach should be left at rest to perform its proper digestive functions,

and yet where drugs are needed by the system. His favourite method of administering the drugs in question is to give them combined. The combination seems to unite all the good qualities of the two drugs and to lessen the unpleasant effects of each. He referred to a number of cases in which he had used these remedies together in this way, such as "ulceration of the prostate gland," where after long agony the relief under this method began to be observed at once; vesical tenesmus; senile hypertrophy of the prostate gland, when the patient from being obliged to rise every hour during the night for micturition was enabled to sleep all night without disturbance; encysted renal calculus; vaginismus; subacute sciatica; dysentery and irritable rectum, etc. In order for the suppositories to have effect, they must be prepared carefully and accurately. The excipient preferred by himself is glycerine jelly. But where the suppositories are to be kept for a considerable time he used oleum theobromæ. This last keeps fresh for a very long time and does not grease. It is often adulterated with wax, which renders the medicines contained in the suppository inefficacious. The fact, however, that the suppository is found in the dejections undissolved, provided it has been made of cocoa butter, does not mean that it has not yielded up its contained medicine, as, since it is a vegetable fat, it is able to do this without being dissolved. His own experience had shown him the truth of this. The size of the suppositories he uses is fifteen grains. The question arises whether medicine administered per rectum in capsules would not be better. He is rather inclined to favour them, as there are manifest advantages in favour of the capsule, such as cheapness, accuracy, and the exclusion of air from the drug. He generally gives the medicine once in six hours. He prefers morphia to opium and the watery extract of belladonna to the alcoholic, the usual dose being one-fourth to one-sixth of a grain of morphia and one-half of a grain of belladonna.—*Med. News.*

Dr. Flint is reported as having said that many lives are lost by starvation, owing to an overestimate of the nutritive value of beef tea and meat juices. In typhus and typhoid fevers he says, there is no good substitute for milk and eggs.—*Med. and Surg. Reporter.*

MOSETIG-MOORHOF ON IODOFORM DRESSINGS.

IN No. 4 of *Der Fortschritt* (Geneva, Feb. 26), Professor Mosetig-Moorhof, of Vienna, states that, having used exclusively iodoform as an antiseptic in his hospital, out-door, and private practice during the last five years, he never observed a single case of poisoning. He explains this immunity by his always using iodoform alone, without any other antiseptic. Cases of poisoning, as he observes, only occurred when other antiseptic preparations have been applied besides the iodoform, a point on which he lays great stress. Moreover, he uses only a small quantity of chemically perfectly pure iodoform, which as a rule, is only once applied, and he changes the dressing as rarely as possible.

The preparations of iodoform in use in the practice of Professor Mosetig-Moorhof are:—

1. Pure, finely pulverised iodoform, applied generally by means of an insufflator or a common dredging-box, in order to cover the whole wound with an equally spread film.

2. Iodoform pencils, either elastic or rigid. The former are made with gelatine, the others with gum or butter of cocoa. They serve for the introduction of the drug into sinuses and fistulas, the orifices of which have to be kept open by a short drainage-tube, in order that the channel may heal from inside outwards, and that no secretion be retained.

3. Iodoform gauze, prepared of ordinary gauze with a 10 to 50 per cent. solution of iodoform in ether, without addition of any adhesive material. It is used for ordinary dressing purposes, and for plugging wounds in the case of hæmorrhage, especially in the mouth, in the rectum, and of the female genital organs.

4. An emulsion, consisting of 10 to 50 per cent. of iodoform, equal parts of glycerine and water, and 0.25 per cent. of gum tragacanth. It is applied to wounds in cavities, where the iodoform will precipitate and form an equal layer, and for injections. Professor Mosetig-Moorhof uses the emulsion in compound fractures, in wounds of the joints, and in chronic abscesses.

5. A solution of iodoform:

R Iodoform, ʒj. (1·00); benzol. ʒij. ʒij. (9·0); vaseline, ʒiij. ʒj. (11·0); ol. gaul-

theriae,* *mij.*, for injections in parenchymatous struma and in lymphatic glands, as long as there is no cheesy degeneration.

Professor Mosetig-Moorhof goes on to say that, having frequently observed that fungous granulations after a single application of iodoform, without having been previously destroyed by other means, changed into a healthy granulating surface, that large tuberculous abscesses and tuberculous synovitis rapidly healed by the local use of iodoform, he feels justified in asserting that by the local influence of iodoform circumscribed tuberculous processes may be treated more easily, more rapidly, and with greater certainty than by any other remedy. Iodoform, according to Marchand's investigations, prevents the formation of giant-cells, which are pathognostic in tuberculosis. Iodoform is very valuable for its anodyne properties, especially in burns. The injured parts are covered with a double layer of iodoform gauze, soaked in a mixture of one part of glycerine and three parts of water, a thick layer of cotton-wool, and a cover of gutta-percha tissue complete the dressing.

Cases of erysipelas after operations have not been more frequent under the iodoform treatment in Professor Mosetig-Moorhof's hospital than formerly under Lister's method. Septicæmia has never been observed.

Professor Mosetig-Moorhof concludes with the remark that, far from considering iodoform the most powerful antiseptic, he prefers it, taught by an extensive experience, for being the most reliable and in its action most durable preparation, and at the same time for being most conveniently and easily applied.—*London Medical Journal*.

DIAGNOSIS OF GONORRHOEA IN THE FEMALE.

Martineau, at a recent meeting of the Paris Obstetrical and Gynæcological Society, stated a most important fact by which specific can be distinguished from simple vaginitis. It depends upon this that in the specific form of the disease the pus is always acid, while in the simple it is alkaline. It is very easy, therefore, to decide by a piece of litmus paper as to whether a

woman is or is not suffering from gonorrhœal inflammation.

This sign will prove of value, too, in determining, when rape has been committed, whether the person committing the crime was affected with gonorrhœa, for then the vulvitis would be characterized by an acid discharge, while in the simple form of the disease the discharge is alkaline.—*Med. News*.

HEPATOTOMY AND LAPAROTOMY ABROAD.

On May 6th, Mr. Lawson Tait performed laparotomy and hepatotomy at Nice, on Prof. Budin, of the Faculty of Paris. Prof. Budin has been ill for two years past. His symptoms pointed from the first to some abnormal condition of the liver. The exact state of things, however, remained obscure. About a fortnight ago, a consultation between Professors Tarnier, Brouardel, Bouchardat, and Drs. Bar and Thaon, took place, when it was decided that laparotomy should be resorted to. Mr. Lawson Tait was asked to go to Nice to do this. On cutting into the liver, he found a tumour containing a great mass of hydatids, which he successfully removed. A drainage-tube was left in the wound. Dr. Taylor, of Birmingham, remained in charge of Dr. Budin. Since the operation, Prof. Budin has made an uninterrupted recovery, and there is every prospect that he will soon return to his work in Paris.—*Brit. Med. Jour.*

Therapeutical Notes.

Powdered rice is said to have a great effect in stopping bleeding from fresh wounds.

CHLORAL HYDRATE IN GONORRHOEA.—This drug has been used by Dr. Rodriguez, of Brazil, in gr. $7\frac{1}{2}$ –10 to ʒi. of water three times daily as an injection.

SUPPOSITORIES WITH FLUID EXTRACTS can be made by evaporating to a soft honey extract in a hot mortar. Alcoholic menstrua mix with fats quite easily by means of powdered soap. Evaporated fluid extracts can now be obtained in powdered form.

* *Gaultheria procumbens*, wintergreen or checkerberry.

Nitrite of Amyl is strongly recommended in eclampsia infantilis. Three drops are put on a handkerchief, and the little patient inhales and is relieved.

INJECTIONS OF COD LIVER OIL FOR THREAD WORMS.—Szerlecki recommends morning and evening injections of six spoonfuls of cod liver oil for thread worms.—*Journal de Médecine de Paris*.

In cases of syphilis that have resisted mercurial treatment, Guntz advises daily administration of half a grain of bichromate of potash in four doses. He denies that headache ever follows the use of the drug.

It is found that solutions of morphia, after some time, are apt to undergo change, and apomorphia is formed. This will account for the nausea that sometimes follow the hypodermic use of old solutions. It is not safe to use solutions over a month old.

FOR PRURITUS. (Bartholow).—

R. Acid Carbol..... ʒii
Glycerin ʒi
Aq. Rosæ. ad. ʒviii.
M. Ft. lotio

FOR SUPERFICIAL NEURALGIA. (Bartholow).—

R. Ol. caryophylli..... }
Ol. gaultheriæ } āā ʒi
Ol. thymi }
Tinct. benzoini } āā ʒiv.
" Cinnamoni }
M.

PSORIASIS.—Prof. Fournier uses the following locally :—

R. Chloroform. 8 parts.
Gutta-percha 1 part.
Chrysophanic acid..... 1 part.
M. This forms a pellicle on the skin.

BLEACHING BONES—USEFUL FOR STUDENTS.—By experiments made at the Bavarian Museum a very simple and effective method of bleaching bones, to give them the appearance of ivory, has been discovered. After digesting the bones with ether or benzoine to remove the fat, they

are thoroughly dried and immersed in a solution of phosphoric acid in water, containing one per cent. of phosphoric anhydride. After a few hours they are removed from the solution, washed in water and dried.—*Druggist Circular*.

PSORIASIS TREATED BY TURPENTINE.—Dr. H. R. Crocker speaks highly of turpentine in psoriasis. His experience in 30 cases proves the drug to be valuable. No external applications were used; in all, marked improvement was manifest. He gave 15 to 30 minims of ol. terebinthinæ in an emulsion of acacia.—*London Pract.*

DEPURATIVE DROPS.—

R. Tincture of iodine.... 4 grammes.
" " nux vomica 1 "
Fowler's solution..... 1 "

M. Five drops in the evening, in sweetened water, to patients with syphilis complicated with scorbutus, and in cases of lupus where we suspect a syphilitic origin. Every day the dose is increased till fifteen drops is reached, which dose should not be passed.—*Journal de Médecine de Paris*.

Keating recommends the following treatment of acute gastro-intestinal indigestion in teething children :

R Hydrarg. chlor. mit., gr. i.
Pulv. ipecac., gr. ss.
Sod. bicarb., gr. viii.
Sacch. lact., gr. ix.
M. ft. chart. iv.

This is to be followed by a dose of castor oil, and then the child should be placed on a careful diet for a day or two, and given the wine of pepsin in half-teaspoonful doses, or the elix. cinchon. co.—*Archives of Pediatrics*.

BISULPHIDE OF CARBON INTERNALLY AS AN ANTISEPTIC.—Dr. Dujardin-Beaumetz, of Paris, speaks in the highest praise of the carbon bisulphide thus prepared : R carbon bisulphide ʒvi., water one pint, spts. peppermint, gtt. 30 M ; shake in a flask and let the mixture settle. From five to ten tablespoonfuls (probably equal to 1½–3 drops of the drug) are administered in a glass of wine and water, or of milk, during

the day. The water in the flask is replaced as fast as it disappears by use. Thus administered, it is unobjectionable to taste, perfectly safe, effectual in disinfecting the stools, destroying the germs they may contain, and relieving the diarrhoeas of infectious diseases as of typhoid.

—*Therapeutic Gazette.*

BROMIDE OF NICKEL.—In an article in the *College and Clinical Record* for June, Dr. R. Leamen reports favorable results from the use of bromide of nickel in the out-patient department of Jefferson Medical College. He found that especially where administered in the effervescent form, it disorders the digestive tract less than any of the other bromides. The dose is less—5 to 10 grains; 10 grains being estimated as equal to 30 grains of the potassium salt. It is much less of a depressant to the nervous system. It is most useful in cases of epilepsy where the attacks occur regularly and at long intervals. It is also an excellent remedy for headache and for wakefulness, dependent on long-continued excitement of the nervous system from any cause.

LOTION FOR ERYTHEMATOUS LUPUS.—Dr. Duhring has found lotions of sulphate of zinc useful in erythematous lupus, especially in superficial inflammatory forms, whether the nodules are discrete, or confluent, of recent or remote origin. He uses the following formula:—

R. Sulphate of zinc }
Sulphide of potassium. } aa 1 gr., 80 centigr.
Rose water 1 gr., 20 centigr.
Alcohol 10 gr.

℞. Ether may be added to the alcohol. If the solution is well borne, the dose may be increased to 4 grammes in 20 grammes of the excipient. It is applied on fine linen or sponge well, is left on from 5 to 20 minutes 3 times a day, using soft soap before applying. This treatment arose out of the success attending its use in seborrhœa of the face.—*Journal de Médecine de Paris.*

IMPETIGO OF THE HEAD.—Cut the hair very short. Surround the head with a folded towel, turban-like, to protect the eyes. Rub the affected parts well with spirits of turpentine to remove the crusts, oily matters and dirt. Wash

well with warm water and carbolated soap, (10 per ct.); dry well and paint the affected parts two or three times over with tincture of iodine; when dry apply a little carbolated oil (1 in 20) to destroy any spores that have escaped the washing. This treatment repeated every morning, or morning and evening, will cure the most obstinate cases in a week. Iodized turpentine may be used in place of the tincture; 60 centigrammes of iodine dissolved in 30 grammes of turpentine. Impetigo of the body may be similarly treated, and the method is applicable to very young children. Abstract from *Bulletin General de Therapeutique*.—R. Z.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

TO SUBSCRIBERS.—Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.

TORONTO, JULY, 1885.

CONSULTATIONS WITH IRREGULAR PRACTITIONERS.

This very unpleasant subject is being forced upon the attention of the medical profession of our Dominion, and we would fail to do our duty as journalists if we did not refer to it. For the last few years it has been rumoured that three or four of the prominent medical men of our Province are habitually consulting with homœopaths and other irregular practitioners.

We are happy to say that the number is so small of those who have so far forgotten their duty to themselves and the profession at large in this matter. This question has been so frequently and thoroughly ventilated in former discussions, that it seems out of place for us to defend the code of ethics in this particular. After all, it resolves itself into this: Can we, as honest men, conscientiously recognize a system of medicine—if it can be called a

system— which we believe to be founded upon a delusion, and to consist of the merest nonsense?

It must be remembered that every time a regular practitioner consults with a homœopath he, to a greater or less extent, approves of the treatment which his colleague for the time is pursuing. This leads the public to think that there are really two systems of medicine, and they naturally conclude that there are cases in which one mode of treatment is the better; and, again, other cases in which what is arrogantly termed the "New School" is the better means of cure.

Again, when a regular practitioner consults with one of these men he is placing himself on an equality with a man who, when his back is turned, will call even the most honourable and reputable physicians, butchers, and destroyers of human life. It excites the greatest indignation, when one thinks of the vile insinuations which are made by these men against the practice of some of our most esteemed confreres.

Does the homœopathist call in a regular physician on account of any friendship or regard for the man he calls in? Of course not. He simply gets into a tight place, and wants a man whom he can make his tool for the time being to help him out, and when out he will, in all probability, detract as much as possible from the reputation of the consultant and elevate his own. We are surprised that any one should place himself in such a position.

It might be asked, then, Are we, in such cases, to allow patients to suffer on account of our etiquette? Certainly not. If the case is an urgent one, it is our duty to go at once, and, without recognizing the presence of any other medical attendant, do what is necessary to be done, and, after explaining fully to the friends the nature of the case, to leave the choice of future attendants to them. If they are foolish enough to continue with the little pill men the fault is not ours. If the case is not an urgent one it should be distinctly explained to the patient's friends that you cannot meet a homœopath, for the simple reason that you will not in any way recognize a mode of treatment which is considered absurd and worse than useless. The matter is thus easily

settled, as the laity will then understand that the case must be taken charge of independently or not at all.

We hope that this matter will be brought before the Dominion Association at the next meeting in Chatham. If the Association decides to uphold the code of ethics, then those who continue to deliberately break the rules can no longer be considered as members. If, on the other hand, the Association decides to change its laws, it will then remain for those who differ to consider what further action they will take.

THE MEETING OF THE MEDICAL COUNCIL.

The first meeting of the recently elected Council took place in June, as will be seen by the report which appears in this issue. The new members were: Dr. Ruttan, of Napanee, in the place of Dr. Burritt; Dr. Russell, of Binbrook, in the place of Dr. MacDonald; Dr. Orr, of Maple, in the place of Dr. Allison; Dr. Philips, of Brantford, in the place of Dr. McCargow; Dr. Harris, of Brantford, in the place of Dr. Spragge; Dr. Fowler, of Kingston, in the place of Dr. Lavell. The former members, re-elected, are Drs. Bergin, Day, Bray, Edwards, Williams, Burns, Cranston, Buchan, Rosebrugh, Moore, Grant, Wright, Geikie, Fenwick, and the Homœopathic representatives, Drs. Logan, Henderson, Campbell, Vernon, and Husband.

ELECTION OF PRESIDENT.

A high compliment was paid to Dr. Bergin in electing him to the position of President by an unanimous vote. There was, of course, no question as to his fitness or ability; but he had before been elected to the chair in 1881. It is pretty well recognized as one of the unwritten laws that no one shall have a second term, the only exceptions to this being the election of Dr. Daniel Clark for a second year in 1877, and that of Dr. Wm. Clarke for part of a second year in 1871, when Dr. Covernton was unable through a technical objection to complete his year of office.

Dr. Bergin was appointed by the Dominion Government to the very important and responsible position of Surgeon-General during the rebellion in the North-West Territory. The

profession of the country appreciated very highly the great energy and ability exhibited by the doctor, who had to complete a thorough organization for the field hospital service in a very short time, and the governing body of the profession of this Province showed their high appreciation by offering him, without a dissenting voice, the highest office at their disposal.

STUDENTS IN THE NORTH-WEST.

One of the first matters that came up for discussion was the application of certain students, who went up to the North-West in the capacity of dressers, to be allowed their Primary Examination. It was urged that Toronto University, the Law Society, and other examining bodies had granted similar privileges to their students. It was contended, on the other hand, that there was a grave risk in dealing thus with medical students, who would, hereafter, have the lives of their patients depending on their knowledge of medicine. After considerable discussion, however, it was decided to grant their request, as they would yet have to pass the final examinations before securing licenses to practice. We are very glad, indeed, that the Council took this course, as we have reason to know that these volunteer dressers were well prepared with their primary subjects, and that they did excellent work in the North-West. This act of generosity on the part of the Council will be highly appreciated by medical students generally.

WORK OF THE LEGISLATIVE COMMITTEE.

Dr. Day, chairman of the Legislative Committee, reported that they had been unable to get any amendments to the Medical Act passed at the last session of the Ontario Legislature. The committee have been asked to make another attempt next winter. It is likely, however, that some changes will be made in the proposed amendments, and some clauses will be omitted. By common consent it seems to have been determined to say no more about the five dollar tax. As there is no probability of the Legislature demanding security for costs in malpractice cases, the clause referring to this will likely be dropped; but an effort will be made to limit the time within which such an action may be brought, say one year. We understand that a

suit for malpractice is now pending in a case which happened nearly six years ago. The committee will also seek for power on the part of the Council to expel any members found guilty of unprofessional conduct. Considerable difficulty has existed in collecting the annual fees from the members of the profession throughout the country, and it is proposed to amend the Act so that the delinquent debtors shall be sued in Toronto.

FINANCES.

The financial condition is fairly good. The committee reported a good balance in the bank, and about seven thousand dollars due from physicians on account of annual fees. It is hoped that about the end of this year they will be able to take up the mortgage now held against their property in Toronto. This is valued at sixteen to twenty thousand dollars. It was thought last year that it would be advisable to sell this lot on the corner of Bay and Richmond Streets and buy a cheaper lot on College Street, or lease a lot from the University authorities on which to build. For the present, however, this will not be done, as there is a general inclination manifested to hold a property which is so conveniently situated, and it is proposed by some to erect a large building with stores on the ground floor, and offices in the upper storeys, all to be rented, while one storey might contain the hall and rooms required by the Council. When the new Court House and city buildings are built at the head of Bay Street, the Council's property will be rendered much more valuable.

REPORT OF THE EDUCATION COMMITTEE.

This committee proposed very few changes. Some petitions of rejected students were received, asking for reversions of the decisions of the Examining Board; but unfavorable replies were given. This is right; although our sympathies might lead us, in many cases, to wish to see candidates receive their license after they had failed to come up to the required standard, still, the broad fact remains that the decision of the Examining Board should be final and unalterable, unless some extraordinary reason arose for changing it. Any other course would be manifestly unfair to the Examining Board and would

lead to endless confusion. We are glad the Council has decided to demand only three years' attendance from graduates in Arts after the date of graduating. The ordinary registration fee has been increased from ten to twenty-five dollars, *i.e.*, those who graduate in the old country and wish to register here on their British certificate of registration will be required to pay twenty-five dollars. It was proposed to increase it to fifty dollars, and it is not unlikely that this will be done next year.

There was considerable discussion over the appointment of the Examining Board. As in former years, some of the members were anxious to have their personal friends appointed, not on account of any eminent fitness for such positions, but chiefly for local reasons. It is notorious that names of persons totally unsuitable for such responsible positions have been proposed during the last two or three years, but the good sense of the majority has excluded them. We hope it never will be forgotten how unpopular some of the Examining Boards were a few years ago; one of the causes of this was the great uncertainty that existed. The changes were frequent, and the choice often atrociously bad. In recent years the examiners have been selected with great care, changes have been infrequent, and, as a consequence, both physicians and students have great confidence in their decisions. We have before expressed favourable views with reference to the present Board, and are glad of its reappointment.

We have to congratulate the members of the Council upon the ability and care manifested in their recent deliberations, and upon their manner of doing business. Such a Council must command the respect of the profession in the Province.

THE ONTARIO MEDICAL ASSOCIATION.

The fifth annual meeting of the Ontario Medical Association, which took place in London on the 3rd and 4th of June, was in every respect a great success. Too much praise cannot be given to the profession in London, who made every effort to further the objects of the meeting and to secure the comfort and welfare of those attending. The visiting members will

not soon forget the great hospitality shown them.

The usefulness of the Association was never before so clearly shown. Many medical men met with friends whom they had not seen for eighteen or twenty years, and their intercourse was of the most pleasant character. A very large amount of good and honest work was done. The papers were, we think, fully equal, if not superior to those of previous years, and the discussions were much more animated than any we had before listened to. Many members showed great ability and accuracy of knowledge in the remarks made upon the subjects brought before them. A pleasing incident was the reception of Dr. Brodie, the President of the American Medical Association, who honoured us with a visit. The other visitors, Dr. Jenks, of Detroit, and Drs. Howe and Park, of Buffalo, were well received, and by their efforts added very much to the interest of the meeting. We hope to see them next year in Toronto.

We give elsewhere a short account of the proceedings. A more extensive report of the discussion will accompany the various papers as they are published.

DOMINION MEDICAL ASSOCIATION.

Owing to the "unsettled state of the country," the profession in Winnipeg have concluded to leave to others the honour of entertaining the members of this Association. The President, after receiving numerous invitations from the cities of Ontario, decided upon Chatham as the place of meeting, the date being September 2nd and 3rd.

THE CHOLERA IN SPAIN.

It is now confirmed beyond doubt that Asiatic cholera has been prevalent in the Province of Valencia since last March, and it has entered Madrid. The sanitary condition of the provincial towns has been of the worst possible description, and no effort whatever has, heretofore, been made to resist the epidemic. The principal reason given is that that the authorities cannot enforce sanitary laws, on account of the ignorance and prejudice of the people. If sanitary boards were of no

other use, they certainly do good work in educating the people upon the importance of sanitary legislation, so that the public will willingly co operate, when it is necessary, to adopt very stringent measures.

DEATH UNDER CHLOROFORM.

The *British Medical* reports a death under chloroform in the Western Infirmary, Glasgow, in May. A young girl had undergone an amputation of the thigh; and it is stated that, "as her condition was one of considerable weakness, it was deemed advisable to administer chloroform at the changing of the dressings." It appears to us that such a condition is especially a contra-indication to the use of chloroform; but we believe that, as a rule, the administration of chloroform has been unusually safe in Glasgow, when great care is used in the method of giving it. In this case respiration ceased suddenly, and could not be re-established. The post mortem examination showed extensive thrombosis of part of the venous system. Perhaps, even in Glasgow, they may discover that ether, under certain conditions, is much safer than chloroform.

EPILEPSY CAUSED BY THE SIGHT OF A CORPSE.

M. Legrand du Saule reports, in the *Gazette des Hôpitaux*, eight cases of epilepsy, apparently caused by the sight of a corpse. In most of the cases the father was an alcoholic. M. Legrand deprecates strongly the practice of allowing young children, especially girls, to go into the presence of a corpse, even of a near relative. He says "cerebral hygiene ought to be considered before sentiment."

R. Z.

Possibly the above facts are explained by the highly emotional nature of the French. We have not heard of such cases in Canada, nor indeed of many cases of hystero-epilepsy, which appear to abound in Paris hospitals.

CANCER OF TONGUE.—The average duration of life in cancer of the tongue is, without operation, ten and a half months; with operation, sixteen months. In some cases, after operation, the patients have lived for from two to five years, or even ten years.—*New York Medical Record*.

ANNUAL MEETING OF THE COUNCIL OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

The regular annual meeting of the Medical Council commenced in their building, Toronto, Tuesday, June 9th.

The registrar, Dr. Pyne, took the chair, and called the meeting to order.

There were present:—Drs. D. Bergin, Cornwall; J. L. Bray, Chatham; H. E. Buchan, Toronto; J. H. Burns, Toronto; C. T. Campbell, London; J. G. Cranston, Arnprior; H. W. Day, Trenton; R. Douglas, Port Elgin; E. G. Edwards, London; A. G. Fenwick, London; F. Fowler, Kingston; W. B. Geikie, Toronto; Harris, Brantford; G. Henderson, Strathroy; G. E. Husband, Hamilton; George Logan, Ottawa; V. H. Moore, Brockville; Orr, Maple; Philip, Brantford; J. W. Rosebrugh, Hamilton; Russell, Binbrook; Ruttan, Napanee; Elias Vernon, Hamilton; J. A. Williams, Ingersoll, and H. H. Wright, Toronto.

ELECTION OF PRESIDENT.

Dr. H. H. Wright, seconded by Dr. Bray, moved that Dr. D. Bergin be the president for the ensuing year. The motion was carried unanimously.

Dr. Day, seconded by Dr. Logan, moved that Dr. Robert Douglas be vice-president.

The motion was carried.

Dr. W. T. Aikins was elected treasurer, and Dr. R. A. Pyne, registrar.

STANDING COMMITTEES.

A committee consisting of Drs. Bray, Wright, Moore, Logan, Williams, Cranston, Rosebrugh, Philip, and Edwards, were appointed to strike the standing committees.

They reported, recommending the following committees:—

Registration Committee—Drs. Rosebrugh, Orr, Vernon, Fenwick, Russell.

Rules and Regulations—Drs. Day, Burns, Fowler, Campbell, Williams.

Finance—Drs. Edwards, Ruttan, Henderson, Douglas, Philip.

Printing—Drs. Vernon, Buchan, Burns, Geikie, Wright.

Education—Drs. Fowler, Geikie, Moore, Wright, Edwards, Harris, Day, Husband, Logan,

Williams, Burns, Cranston, Bray, Fenwick, Buchan.

Executive—Drs. Day, Spragge, Logan.

The report was adopted.

A number of communications were read and referred to their proper committees.

Dr. Wright submitted the report of the Property Committee. It stated that suitable sites for the college building could be obtained on College-street, at a lease rental of \$400 or \$500 a year for 41 years.

The report was referred to the Finance Committee.

WEDNESDAY, JUNE 10TH.

STUDENTS IN THE NORTH-WEST.

Dr. H. H. Wright moved, "That all students actually engaged in the North-West military operations proper, or as members of the Hospital Red Cross or ambulance service, who in consequence of such actual employments were unable to take the usual examinations which in due course they would have been obliged to take this spring, shall be allowed their full time, but will nevertheless be required to take the said omitted examinations at the next opportunity, or when presenting themselves for their final examinations.

Dr. Geikie said it would not be a stretch of patriotism on the part of the Council if they gave these young men their standing. The University and Law Societies had given their students, who had been placed in a similar position, their certificates. He moved in amendment, "That those primary students who had been prevented from undergoing their spring examinations by their service in the North-West, and who had paid their fees, be given their standing."

Dr. Moore seconded the motion.

Dr. Bray said that the University and Law Society, in granting their students their pass certificates, had not so much at stake as the Council would have in the case of medical students, who had the lives of the community to deal with.

Dr. Wright said the university degrees were only scholastic distinctions and conferred no such powers as the certificate of the Council. He

believed that the statute gave no power to the Council to dispense with the examination. No one appreciated more highly the patriotism of these young men than himself; but it was no use doing an illegal act.

Dr. Edwards favoured giving these young men their primary examination.

Dr. Bray said he would introduce a special by-law to get over the technical difficulty.

The President, on being appealed to for his ruling, said he thought the Act was positive in requiring that an examination should be submitted to and passed. He suggested that both the resolutions be withdrawn till the advice of the solicitor be obtained.

The matter was allowed to stand till next meeting.

Dr. Geikie gave notice that he would move that all by-laws conflicting with the granting of pass certificates to the primary students now in service in the North-West be suspended.

The question of the payment of prosecutors of offenders against the Medical Act was referred to the Finance Committee.

LEGISLATIVE COMMITTEE.

Dr. Day presented the report of the Legislative Committee. It stated that the committee had been unable to obtain from the Legislature the amendments to the Medical Act which were deemed so necessary, but had hopes of obtaining legislation next session. They therefore recommended the re-appointment of the committee.

THURSDAY, JUNE 11TH.

The Council met at 10 a.m., the Vice-President in the chair.

After routine business the Council took up the subject of appointing a solicitor and discussed it at great length.

Dr. Fowler finally moved that the matter of appointing a solicitor be appointed to a special committee, to be named by the Vice-President.

The motion was carried.

The Vice-President named Drs. Philip, Logan, Fowler, Wright, and Moore.

Dr. Fenwick moved that inasmuch as the Council examinations are held in Toronto and Kingston, the same right should be accorded to London. In moving the resolution he said he thought the 31st section of the Act gave the

Council power to prescribe the time and place for holding the examinations.

Dr. Wright said that in England the candidates for membership to the College of Physicians and Surgeons had to submit to examination at London, the central situation of the college, and he saw no reason why candidates should not be required to come to the central offices here. The funds of the Council would not allow of their holding examinations all over the province.

Dr. Williams said it was unfortunate they had ever held their examinations at Kingston. The college should have a central place where their degrees could be obtained, and candidates should be required to go there.

The matter was referred to the Committee on Rules and Regulations.

PROFESSIONAL PROSECUTORS.

Dr. Cranston moved that for the better protection of the public against unqualified medical practitioners, the president, or in his absence one of the officers of the college, shall have power to appoint in each territorial division, on the recommendation of the representative for such division, one or more persons whose duty it shall be to prosecute persons practising in contravention of the Medical Act, and that the prosecutor shall receive 75 per cent. of the fines collected.

The motion was carried.

THE NORTH-WEST STUDENTS.

A letter was read from the solicitor, Mr. McCarthy, on the legality of the Council dispensing with the primary examinations of those students who were serving in the North-West. He stated that he held to the view that the Act gave the Council power to do this if they chose.

The Council adjourned till 2 p.m.

AFTERNOON SESSION.

On the Council reassembling, by-laws were passed fixing the annual assessment of members at \$1 and the date of the professional examinations the first Tuesday in April in each year.

Dr. Campbell moved that a copy of the proceedings of Council be printed and forwarded to each member of the college. He said that

their constituents had a right to get an official report of the proceedings without being compelled to subscribe to a medical journal.

Dr. Wright moved in amendment that a synopsis of the proceedings be printed in the annual announcement, the said synopsis to be authorized by the president, and a copy sent to every member in good standing.

The amendment was carried.

STUDENTS IN THE NORTH-WEST.

Dr. Geikie introduced a by-law to give the students in the North-West, who may pay their fees, their primary standing, and suspending other by-laws inconsistent with this enactment.

The by-law was carried.

LEGISLATIVE COMMITTEE.

Dr. Bray moved that the Legislative Committee be re-appointed.

Dr. Day remarked that Mr. Mowat had refused to introduce the amendments asked by the Council, on the ground that the medical men in the Legislature were not in favour of them. This was a most absurd position to take for a few medical men who happened to be in the Legislature, and did not represent the profession as the Council did.

Dr. Edwards said he thought that if the provisions about the \$5 tax and a taxing officer had been left out, the amended bill would have been got through the House.

Dr. Moore said the members of the college should enlist the sympathy of their Parliamentary representative in each riding, and the bill would soon pass. It was most important that the law permitting actions for malpractice should be amended by limiting the time.

Dr. Burns suggested that a member from each medical society in the province should be appointed to meet a committee from the Council and interview the Government. He believed they had failed in getting the legislation asked for because they had asked too much.

The names of Drs. Moore, Wright, Geikie, and Harris were added to the committee, while that of Dr. Burns, at his own request, was omitted. The motion then passed.

FRIDAY, JUNE 12TH, 10 A.M.

After routine business, a communication was

read from the University of Ottawa, requesting to be allowed to send a representative to the Council.

A Special Committee, to whom this matter was referred, reported that the solicitor gave his opinion that the Ottawa University had no power to have a Medical Faculty for conferring degrees in medicine.

Dr. Bray moved that the Legislation Committee be authorized to approach the Legislature next session with the object of obtaining the desired amendments to the Medical Act.

A motion was also passed authorizing the representatives of the Council to obtain signatures to petitions praying the Legislature to pass the said amendments.

On the report of the committee appointed to recommend a solicitor for the Council, Mr. B. B. Osler received the appointment.

The Registration Committee reported against allowing F. B. McCormick, South Point, Pelee Island, to come up for registration. They also reported that the Council had no power to re-enter the name of R. B. Sparham on the register.

The report was carried.

The meeting adjourned till three p.m.

AFTERNOON SESSION.

The Council met again at three o'clock, the Vice President in the chair.

A communication was received from the authorities of the University of Ottawa stating that that institution had the power to grant medical degrees.

Dr. Grant, of Ottawa, who was present, was accordingly invited to take his seat as representative of the Ottawa University, and accepted the invitation amid great applause.

Dr. Cranston moved that a vote of thanks be passed to the Ontario Government for their exertions in perfecting the Bureau of Health. Carried.

REPORTS OF COMMITTEES.

Dr. H. H. Wright presented the report of the Education Committee, recommending—That the by-law requiring graduates in arts to attend for three years only, be re-inserted in the curriculum; that the registration fee be increased from ten to twenty-five dollars; and

that the Examining Board of last year be re-appointed.

Dr. Day presented the report of the Committee on Rules and Regulations. It stated that the solicitor had reported that the Council had no power to hold its final examinations except at Toronto and Kingston, but that primary examinations could be held wherever the Council chose.

Dr. Henderson presented the report of the Finance Committee. It stated there was a balance to the credit of the Council in the Bank of Commerce of \$6,000. The treasurer's books were duly audited and found correct. The committee advised that no new building lots be purchased till the present Council building is paid for. The arrears of members' fees amounted to \$7,000.

These reports were adopted.

Dr. Grant moved that Drs. Burns, Wright, and the secretary be a committee to adopt some inexpensive way of protecting the papers and documents of the Council. Carried.

The reports of the Finance, Rules and Regulations, and Education Committees were adopted.

Dr. Harris moved that this Council record with pleasure its sense of the zeal displayed by those medical students who have served in the North-West. Carried.

Dr. Fenwick moved that the Legislation Committee be instructed to obtain if possible an amendment to the Act, so that the Council examinations may be held at Ottawa. Lost.

A vote of thanks was passed to the Vice-President for the excellent manner in which he had fulfilled the duties of chairman.

A vote of thanks was passed to the profession of Toronto for their unbounded hospitality.

The Council then adjourned.

The late Dr. George Rolleston was a wonderful worker. On one occasion he had been working hard in his museum, and was returning home, when a stranger accosted him with—"Ah, Professor Rolleston, I am glad to have met you, for I find I have half an hour to spare, and I should be so much obliged to you if you would show me over the museum—" "You have found a spare half hour!" interrupted Rolleston; "for God's sake give it to me; I have been looking for it all day."

Meetings of Medical Societies.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

(From our own Correspondent.)

At a meeting of the above Society, held on the 12th inst., Dr. Stewart exhibited a man, aged 39, who for the past five years has been the subject of well-marked

TETANY.

The patient, who served as a soldier in the American Civil War, had three distinct malarial attacks during this period. He also suffered from "chronic dysentery" for about eighteen months. For the past seven years he has been seldom or never free from diarrhœa.

He never had either rheumatism or syphilis. His family history is good.

Every two weeks he is seized with a spasmodic contraction of the muscles of the fingers. The thumbs are adducted and opposed. The fingers flexed and abducted. This contraction comes on at times suddenly, but usually slowly, and remains from eleven to twelve days, when it passes away, leaving the parts in a normal condition. The spastic condition slowly increases, day by day, until it reaches its acme on the twelfth day. The return to the normal seldom occupies longer than twenty-four hours. At times the flexors of the fore-arm are strongly contracted, and also the adductors of the upper arms, bringing the arms crossed in front of the chest.

The muscles of the lower extremities are only occasionally involved, and then only to a slight extent when compared with those of the hands and arms.

The facial muscles feel stiff and painful during the period of contracture, and they are the seat of constant fibrillary twitchings, which are much increased on tapping. The patient says that he experiences a sensation in his face as if the skin were too tightly drawn.

During the period of spastic contractions he has diplopia.

The electrical re-actions of the nerves and muscles are enormously increased when suffering from his "spasms," but after they have passed off the re-actions are normal.

Last week when there was marked tetany, .25 of a milliamperé was sufficient to bring out K. S. Z. When the current was applied to the radial nerve it passed over the upper arm; but to-day, when his muscles are in their normal state, it takes fully four (normal) Milliamperés to produce this contraction. This strength of current produces tetanus on shutting the kathode (K. S. Te), and opening of the anode (A. O. Te) during the period of spastic contraction.

The great increase in the galvanic irritability is not confined to the radial, but is present also in the ulnar and facial nerves.

The disproportion between the faradic irritability in the normal and spastic states is not marked.

There is also marked increase in the mechanical irritability of the nerves and muscles; steady pressure on either causing an increase in the spasms.

The patellar reflexes, which are greatly exaggerated during the tetany, are scarcely to be brought out when it has completely passed away. The same applies to the biceps and triceps reflexes.

The tongue is raw, appetite fair.

He is seldom free from diarrhœa, the average number of stools during the twenty-four hours being about six. They are copious, frothy, semi-fluid, and have a "pea soup" appearance.

The urine is acid, normal in quantity, sp. gr. 1030, contains a large amount of urea and indican, but is free from both albumen and sugar.

Heart and lungs normal. No increase in the white blood cells. No hepatic or splenic enlargement.

The case differs from those described in the long continuance of its course and the persistence of the spasms for days in place of hours.

The reader of the paper, after referring to the usual causes of this disease, such as lactation, diarrhœa, and so-called rheumatic influences, gave description of that peculiar variety which follows extirpation of the thyroid gland. While the former are nearly always recovered from, a large percentage of the latter are fatal. A description was given of a section of the cervical cord of a young girl who died from tetany

twelve days after removal of her thyroid. No changes of any apparent import can be detected.

Nothing definite as to the true nature of this remarkable disease was up to the present known.

UREOMETRY.

Dr. T. D. Reed showed Dorenius' apparatus for the estimation of urea. This instrument is extremely simple, consisting of but one piece, a bent tube of glass, one arm of which is graduated with lines representing grains per ounce of urea. To use it, it is filled to the bend with the usual hypobromite solution (experiment shown), and a measured quantity of the urine to be tested is introduced, by means of a pipette, beyond the bend; by the separation of the nitrogen, the result is read off at once. Dr. Reed had tested the instrument with a solution of pure urea, and found the readings correct.

The price of the apparatus is two dollars, and of each test under three cents.

Specific gravity beads, as supplied by Parke, Davis & Co., were also shown and recommended as being more convenient, simple, and portable than the usual urinometers.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

REGULAR MEETING, JUNE 2ND, 1885.

The Vice-President in the chair.

Dr. McCargow exhibited a pathological specimen, the lower end of the femur of a man whose thigh had been amputated in the hospital by Dr. White. The patient had been admitted to the hospital with the following history:—At 14 years of age received a slight injury on the inner side of the thigh, while sleigh riding, since then has had pain in the knee with swelling, chiefly during changes in the weather and in cold weather. Although knee has pained since the first with the exception of slight intermissions of a few weeks, he has never been confined to bed, and the only treatment has been in the form of external applications. Four months ago incisions were made and a large quantity of pus removed. When admitted, the man who is now 36 years of age, was found to have the lower half of the right femur enlarged and hard. The swelling extended to the lower half of the right knee, and the patella was fixed,

two openings had been made one on the outer and lower part of the enlargement, the other higher up on the inner side of the thigh; the openings had partially closed, but there remained small sinuses from which pus discharged pretty freely. Patient was able to move about on crutches and was not confined to his bed in the ward. Family and personal history were both good, there being no record of anything specific about him to account for the condition of the knee. The specimen showed the end of the femur after a longitudinal section had been made, there being an abscess cavity in the centre, with thickening and enlargement of the bone. The cavity was six inches long, one half inch wide, but irregular; in the recent state the bone was injected. The cartilage of the knee was intact. The diseased bone was twelve inches long altogether. Dr. Malloch said that when the section of the bone was made there was a piece of necrosed bone in the cavity which would account for the inflammation of the bone; others, though, had not noticed the sequestrum.

Dr. R. R. Wallace then read his paper on Incisions in Whitlow — a subject which had been partly discussed at the previous meeting when Dr. McCargow's specimen was shown. The paper began by giving the definition of whitlow, and showed the different pathological states involved, with the various names more or less indiscriminately applied. Different authorities were then quoted to show the site of incision preferred by them, of these Erichsen recommending an incision on each side of the finger, while Fairlie Clarke advocated incision on one side, the others quoted preferring the median palmar, Keetley advising two palmar incisions. The essayist thought that incision in the median line over the ungual phalanx would be likely to divide the digital arteries as they there cross to form an arch, while the great argument in favour of the medial incision had always been that it avoided such accident. He therefore believed that in whitlows confined to the ungual phalanx, incision along the side, carried to the bone if necessary, is the best one to practise, for it affords exit to all pus and sloughs, and effectually relieves tension, thus removing the great cause of the agonizing pain,

and avoiding at the same time a cicatrix on the most exposed portion of the finger where it is bound to impair more or less, the tactile sense, which in some patients is important and worthy of consideration in all, while in the working man we have no scar on a surface so much exposed as the palmar surface of the ungual phalanx. If the incision on one side was not sufficient, Dr. Wallace thought that then the double one should be practised. When the disease had extended up the finger, and involved the sheath of the tendons, he thought there was no choice but to open the sheath and give exit to the pus, and this he considered was best done in the median line on the palmar aspect. With regard to the question of one long incision or separate ones between the joints, he thought that the arguments in favour of separate ones were very strong, as there is less liability of causing strangulation over the shafts of the phalanges, and the tendons were not so much exposed or injured by the smaller incisions and the liability of sloughing lessened. In the discussion which followed the reading of the paper, Dr. Malloch expressed his surprise at the advocacy of the lateral incision. He said that Ashurst recommended it because it avoided sloughing, but he himself had never seen it result from the median when incision was made early enough; the only difficulty was in keeping the incisions open, it being necessary to use the probe night and morning. The lateral incision, he thought, would go indirectly to the matter; there was no danger in wounding the arteries and nerves as they would heal readily enough. Other members who spoke all favoured the median incision and a good free one.

The Vice-President, Dr. Stark, then showed a specimen, the first phalanx of the middle finger of the left hand. The history of the case was a blow followed by a swelling on the side of the finger, but not much pain; it was poulticed at first, but an incision was not allowed at first, and when opened it had to be opened several times, and finally amputated, and was found to be much expanded, necrosis having evidently taken place.

We would direct the attention of our readers to the advertisement of Imperial Granum.

LONDON MEDICAL SOCIETY.—The following were elected officers of this Society for the ensuing year: Dr. Beemer, president; Dr. Savage, vice-president; Dr. Payne, secretary-treasurer. The Society has a fine membership and is doing very effective work.

THE ONTARIO MEDICAL ASSOCIATION.

The fifth annual meeting of the Ontario Medical Association took place in Victoria Hall, London, on Wednesday and Thursday, the 3rd and 4th of June. The first session commenced at 10 a.m., when some preliminary business was transacted.

At 2.30 p.m. the first regular meeting was held, when the addresses and reading of papers, according to programme, was proceeded with. Dr. Worthington, the president, in his annual address thanked the Association for the honour conferred upon him, by electing him as their president, an honour which he highly esteemed. He then proceeded to speak of the various improvements in medical science, and the effect of these improvements on the general welfare of the race. The latter part of his address was principally devoted to the treatment of fevers, especially that by the cold water bathing. He showed that this was practised more than a hundred years ago, and he considered that in suitable cases it was frequently used with great benefit.

Dr. Jenks, of Detroit, an invited guest, was asked to take a seat on the platform.

Dr. Pope, of Bothwell, presented a case of obstinate sciatica, asking for advice as to further treatment. The constant galvanic current was recommended.

ALCOHOLIC STIMULANTS.

The communication from the W. C. T. U. came up for the third time. There was no report from the Special Committee.

After some discussion Dr. Fulton moved, seconded by Dr. Bray, that the following members be a Special Committee to report on this matter, viz., Drs. Holmes, Geikie, Brouse, Rosebrugh, and the President, the Committee to report on the following day. This resolution was carried.

The Secretary here read a telegram from Dr. J. T. Reeves, Secretary of the Wisconsin State Medical Society, in session in Milwaukee, conveying the greetings of the Society to the Ontario Association. The message was received with applause and Dr. Oldright, of Toronto, was requested to write a suitable reply.

DIPHTHERIA.

Dr. Tye read a very able and exhaustive paper on Diphtheria, in which he displayed great practical knowledge of the disease, as well as an intimate acquaintance with the latest views regarding its pathology.

The discussion which followed was opened by Dr. Graham, who agreed in the main with the views of the reader of the paper. He stated his belief in the pathological as well as clinical distinction between pseudo-membranous croup and diphtheria, and gave the opinions of Virchow, lately published, in favour of that view. He also spoke of the importance of recognizing a mild form of diphtheria, which was often very difficult to diagnose from other forms of sore throat.

Dr. Moore, of Brockville, who has had a very large experience, spoke of the importance of using constitutional as well as local treatment, also the importance of recognizing mild cases, as through them the disease was carried from one family to another.

Dr. Brouse spoke of the use of large doses of calomel.

Drs. Atherton, Fulton, Holmes, McKay, and Rosebrugh also took part in the discussion.

Dr. Bray then read a report of a case of Cæsarian Section, which proved to be one of great interest. We hope to give it in full in a future issue.

Dr. Jenks, of Detroit, who did the operation, was present, and described minutely the various steps as it was performed. He then spoke of the operation generally, and stated that when performed early enough he believed it to be preferable to craniotomy.

In the discussion which followed many of the members dissented from Dr. Jenks in his preference for Cæsarian section. Dr. Atherton suggested in such cases the use of the elastic ligature to control hæmorrhage.

Dr. Fraser, of Sarnia, then read a paper on Continued Fevers, which was followed by a very interesting discussion on the existence of such a form as typho-malarial fever. The majority were of opinion that typho-malarial fevers were nothing more or less than true typhoid, and that it had no claim to be regarded as a distinct disease. Many, however, were of opinion that there are cases of continued fever which could not be considered as typhoid nor yet of malarial origin.

At the evening session Dr. Powell, of Edgar, read a very interesting and exhaustive paper on the Use of Plaster Splints which was illustrated by models and drawings. In the discussion which followed, Drs. Park, of Buffalo, and Bray, of Chatham, took part. Dr. Groves, of Fergus, read a paper on urinary calculi, and Dr. Howe, of Buffalo, illustrated the appearance presented by a section of the normal retina. It was thin. He explained how this condition is changed in albumenuric retinitis, as regards—

- (a) The axis cylinders.
- (b) The arteries.
- (c) The fibres of müller.

1. The fundus of the eye of a blonde as seen with the ophthalmoscope.

2. The fundus of the eye of a brunette.

3. The changes in the normal fundus produced by albumenuric retinitis—special attention directed to the alteration near the yellow spot, to the hæmorrhage and patch of degeneration.

4. Atrophy of the optic nerve—an occasional sequela of albumenuric retinitis.

5. Detachment of the retina—also an occasional sequela.

THURSDAY.

The Association met at 10 a.m., when Dr. Temple read a paper on Intra-uterine Medication, which exhibited a thorough and practical knowledge of the subject. The following gentlemen took part in the discussion which followed: Drs. Holmes, Rosebrugh, Gunn, Powell, and Adam Wright.

The general opinion appeared to be that intra-uterine medication, when practiced by skilful men on properly selected cases was a

therapeutic means of great value. It was, however, likely to be abused by men who did not possess a thorough knowledge of the subject. We hope to give the paper and discussion in full in a future number.

Dr. Edwards then presented two very interesting cases of pseudo-hypertrophic muscular paralysis. They were brothers, one 12 the other 14 years of age. The younger one was stripped, and exhibited the typical character of this very obscure affection.

Dr. Stewart, of Montreal, in his remarks stated his belief in the curability of the disease if the treatment were adopted early enough. He placed most reliance on the use of galvanism to the spine.

At this stage Dr. Brodie, of Detroit, the President of the American Medical Association, was introduced and received with loud applause. Dr. Brodie in a very appropriate speech thanked the meeting for the reception given to him.

Dr. Park, of Buffalo, then read a paper on Surgical Sequelæ of the Exanthemata and Continued Fevers, which appears in the present number. The paper was an able one and was well received.

Dr. Edwards, of London, read a paper on Placenta Prævia, which was followed by a very interesting discussion. We hope to give both in full at a future time.

Dr. Tye moved, seconded by Dr. Stalker, that at the afternoon session the Association should be divided into medical and surgical sections so that the work of the programme might be accomplished. Carried.

It was moved by Dr. Mullen, seconded by Dr. Oldright, that Dr. W. T. Aikins be Chairman of the surgical, and Dr. Graham of the medical section. Carried.

The President then, on behalf of the Association, tendered the thanks of the members assembled to Drs. Jenks, Brodie, Park, and Howe, gentlemen from the United States, who had favoured the meeting with their presence and added to its interest by the reading of papers, etc. These gentlemen briefly responded.

(Concluded in August number.)

Correspondence.

To the Editor of the PRACTITIONER.

Since reading the paper on Galvanism in Neuralgia, published in your March number, my attention has been called to a four-cell galvanic battery made by Otto Fleming, 1009 Arch Street, Philadelphia, which I have found quite efficient for relief of neuralgic pain.

J. B. MATTISON, M.D.

314 State Street, Brooklyn, N. Y.

Book Notices.

The Popular Science Monthly for June, New York, D. APPLETON & Co., comes with its usual welcome variety of interesting, popular and scientific articles. Among others we note an interesting essay by J. Macdonald Oxley, on "The Mediterranean of Canada," i.e., Hudson Bay and Straits; "Use of Sulphurous Disinfectants," by Tissandier (illustrated); the conclusion of Mattieu Williams' articles on "The Chemistry of Cookery," "The Nervous System and Consciousness," by W. H. Benedict, etc., etc.

The Land of Burns.—By J. CAMPBELL, M.D., C.M., L.R.C.P. Edin., Seaforth.

The greater part of this neat little work is taken up with the doctor's visit to Ayrshire, and concludes with a masterly defence of the life and works of Robert Burns. Of his visit to the land of Sir Walter Scott, we may presume to speak with some authority, having accompanied the doctor on that occasion, and must say that the descriptions are admirable and true to nature. The Highlander will read with interest his chapter on "The Land of the Gael." The Valedictory, delivered by the author when leaving McGill, is published by the special request of many of his old class-mates. The book contains an excellent photograph of Dr. Campbell, and may be had for the small sum of seventy-five cents. It is likely to have a large sale.

Berlin as a Medical Centre. A guide for American Practitioners and Students. By HORATIO R. BIGELOW, M.D. Reprinted from the *New England Medical Monthly*. Sandy Hook, Conn: New England Publishing Co., 1885.

In this little book will be found a mine of information for those intending visiting Berlin for study or pleasure. It contains directions on every point, as to cost of travelling, boarding houses, hotels, restaurants, cafes, beer houses, telegraph offices, postal guide, libraries; directions as to matriculations, the different clinics, policlinics and hospitals; a list of the best stores for clothing, books and instruments; information as to cabs, banking and money, and full information as to the cost of living, according to the length of one's purse. Dr. Bigelow deserves the thanks of all students, for to a stranger in a strange land much time and labour will be saved by the knowledge to be obtained in this book. A list of streets with a reference map of the city is appended.

Personal.

Dr. A. F. McKenzie has commenced practice in Belmore.

Dr. Gould has removed from Toronto to Mount Albert.

Dr. A. E. Senkler has been appointed Professor of Clinical Medicine in the St. Paul Medical College.

Dr. John Thorburn, Professor of Obstetrics at the Owen's College and Victoria University, of Manchester, England, died in May, at the age of 51. He was one of the ablest Obstetricians in Great Britain, and had just published a work entitled "A Practical Treatise on the Diseases of Women."

Miscellaneous.

W. R. Warner & Co. have received the first premium at the World's Exposition, New Orleans, for great uniformity and solubility for their Sugar-coated Pills. This is the ninth World's Fair prize which attests to their excellence.

PEPTONIZED COD LIVER OIL AND MILK.—Dr. Wm. McGeachy, of Iona, reports having used with good results Peptonized Cod Liver Oil and Milk in the following cases, viz.:—

1. Strumous enlargement of the glands of the neck.
2. Post-nasal catarrh with chronic tonsilitis.
3. The sequelæ of acute diseases.

He adds, that as a remedy for the latter stages and subsequent results of whooping-cough in children, it excels all remedies previously tried, and that in the second class of cases mentioned it worked particularly well. He also found that the preparation was so highly peptonized as to act as a good digestive agent.

HOW TO DISCONTINUE A JOURNAL.—The following from *Gaillard's Medical Journal* fully and freely expresses our views on this subject: "You have undoubted right to stop a paper when you feel disposed, upon the payment of all arrearages. Do not hesitate to do so on account of tenderness for the editor.

"When you discontinue a paper, do so manfully; don't throw it back to the post-master and say, 'I don't want it any longer!' and have 'refused' written on the margin, and have the paper returned to the editor. No gentleman ever stopped his paper that way, no matter if his hair is covered with grey hairs, which should be honourable."

If you do not longer wish to receive a paper, write a note to the editor, like a man, saying so; and be sure the arrearages are all paid. This advice is according to law and equity.—*Leonard's Illustrated Med. Jour.*

At a recent meeting of the Northumberland and Durham Medical Societies, Dr. Drummond demonstrated a new physical sign which is likely to be of great diagnostic importance in thoracic aneurism. When a patient suffering from aneurism of the thoracic aorta is made to draw a long breath, and then close the mouth and expire slowly through the nose, short puffing expiratory sounds are heard—synchronous with the systole of the heart—on auscultation of the trachea. Dr. Drummond believes this phenomena to be due to the sudden systolic expansion of the sac expelling air from the chest. He has found it absent in cases of aortic valvular disease simulating aneurism.—*Med. Press and Circ.*

THE Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS AND PROPRIETORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

SUBSCRIPTION, \$3 PER ANNUM.

Literary Communications may be addressed to any of the Editors. All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 40 Queen Street East.

TORONTO, AUGUST, 1885.

Original Communications.

FOUR OVARIOTOMIES, AND ONE LAPAROTOMY.

BY F. R. ECCLES, M.D., F.R.C.S. ED., M.R.C.S. ENG.,
F.O.S. LONDON.

The following three single ovariectomies—one double ovariectomy, with removal of large fibroid, and one laparotomy, with removal of an enchondroma, were performed by me during the last twelve months. It will be observed, that either in the appearance of the tumour, the history of the case, or the manner of recovery, that there are peculiarities worthy of mention. In each case a diagnosis was arrived at and recorded before any operative interference was made, and in one, the case of laparotomy, the diagnosis was a mistaken one. But, oftentimes, our mistakes are our greatest teachers. They impart unto us a greater degree of caution, and help to ripen our judgment; so from this one case, erroneous in diagnosis, and unsuccessful in result, I learned much.

CASE I. The first case I saw with Dr. Clark, of Aylmer, Feb. 7th, 1884, to whom I am indebted for much of the history of the case.

Mrs. L—, aged 37, married 11 years, residing in the County of Elgin,—one child, 4 years of age,—no miscarriages. First menstruated at 14, and had always been regular up to two years ago (except during pregnancy and lactation) During 1882 she menstruated only four times. In August of that year, while at dinner, there came on a most profuse hemorrhage. In a few

minutes her clothes were saturated, the blood streaming on the floor, and before she could be got to bed, she fainted away. There was no pain, not even the slightest, no clots, or solid matter of any kind (in reference to this she was emphatic). In a few minutes this profuse flow ceased, and she had but a slight discharge, which continued every day for a week, but no pain whatever. She thinks she had enlargement at this time, but of this she is by no means certain. I should have mentioned that there had been no menstruation or discharge of blood for three months previous to this profuse hemorrhage. During 1883 she never menstruated at all, but, in August of that year, she suspected some enlargement, and very soon afterwards felt certain that there was a swelling on the left side, and quite sure that, in its growth, it grew from below upwards.

In December, 1883, she had severe pain in the line of the right ureter, and, some few days after, the same kind of pain on the left side. Her attention was then drawn to her urine. It was turbid, thick, dark, and scant,—measuring as little as 8 oz. in 24 hours. Under the influence of diuretics the quantity was increased to one pint in 24 hours. From Dec., 1883, to Feb. 7th, 1884 (the date of my first visit), she gradually increased in size. Her condition and the physical examination, as recorded in my case-book, at this time, were as follows: Not much emaciated, but wearing an anxious look—has become nervous of late—complains of pains all over, and numbness of lower extremities—loss of appetite, flatulence, and dyspepsia. Skin

rough and harsh. Measurements: Round the abdomen, at the umbilicus, 43 inches; from umbilicus to right anterior, superior spine, 10 in., to left, 10½ in. Fluctuation distinct—tumour movable—uterus quite mobile, well back, sound passed 2½ inches—os and cervix normal—urine, measured by Dr. Clark, 10 oz. in 24 hours. The diagnosis of ovarian disease was made, and early operation advised. On account of the great pressure on the kidneys, and consequent impairment of their function, it was thought advisable to tap, and then try the influence of diuretics. 11 pints of partly clear, and partly sanguinolent fluid, were removed, which quickly coagulated on standing. This only reduced the circumference at the umbilicus to 40 inches. Diuretics and stomachics were prescribed, and considerable improvement in the general health took place. There was an increase from 10 to 45 oz. of urine in 24 hours. On March 20th I again saw her. She still remained very much undecided as to operation, and desired that the distension might be relieved, which was done, as at the former visit. On the 25th I received an urgent summons to see the patient. Fearing some untoward event had happened to the cyst, I went prepared to operate, but found no special cause for alarm. I again very strongly urged that the operation be done without delay, that delay diminished the chances of recovery. I explained to her and her friends the accidents that might happen at any time, and that, if left alone, the duration of life would probably be not more than six months. Her reply was, "I intend to put it off until the last day, in the afternoon." However, on the 7th of May, her husband came to my office and reported that his wife had decided to have the operation done, so I arranged for the 13th. I was assisted by Dr. Aikins, of Toronto, and Drs. Clark and Marlatt, of Aylmer, besides a nurse, who attended to the cleansing of the sponges, and another, who looked after the spray.

Bichloride of methylene was administered by Dr. Marlatt, with a Junker apparatus. The incision was made in the line of the linea alba, at first 3 inches, afterwards enlarged to 5. There was rather more than the ordinary amount of hemorrhage in cutting down to the

peritoneum, but by the pressure forceps and hot sponges all bleeding was arrested before the peritoneal cavity was opened. On opening the abdomen a large cluster of cystic tumours, with semi-translucent walls, was first noticed. These varied in size, from that of a marble to a large-sized cricket-ball, the whole not unlike, in appearance, the ovary of a hen during the physiological activity of that organ, only being much larger, and the rounded masses being more or less clear and semi-translucent, instead of opaque and yellow, as in the ovary of the hen. Lying on either side of this cluster were two large cysts, each devoid in front of the proper and usual cyst-wall, and having only the clear and semi-translucent membrane (doubtless the peritoneum), retaining the contents of the cyst. One cyst was tapped with a small, and the second with a large-sized, Spencer-Wells trocar. There were slight adhesions, which were readily separated by the hand. The cysts, after evacuation of contents, were gently drawn forward by the hand, and grasped by the cyst forceps behind, where the ordinary white, pearly cyst was present. By this proceeding the whole tumour was easily removed, not, however, without the rupturing of some of the smaller cysts, and despite the utmost care, cystic fluid escaped into the general peritoneal cavity. The pedicle was about 2½ inches wide, and in close proximity to the uterus. The forceps were applied to it, and the tumour separated with the scissors. The pedicle was then transfixed with a perineal needle, armed with stout, carbolized silk, the double loop being made. In tying the second loop the thread broke, and I then transfixed the second division and thus made three separate segments of the pedicle. Parts of the broad ligament and fallopian tube were included in the ligatures. The uterus and opposite ovary were examined and found healthy, and of normal size. The peritoneum was thoroughly cleansed with the hot, carbolized sponges, the omentum adjusted, and a large flat sponge placed over it, and just underneath the line of the wound. Nine deep sutures were inserted, each quite three-quarters of an inch from the edge of the peritoneal incision, in order that the peritoneum should be thoroughly approximated. A stick sponge, carried down

to the bottom of Douglass' cul de sac, cleansed the peritoneum, whilst between the last two sutures a long Keith drainage-tube was inserted. The sutures were then tied, moderately tight, antiseptic gauze and absorbent pads placed over the wound, and kept in place by broad strips of adhesive plaster, firmly supported by a warm flannel binder. The patient was now put in a bed, (previously prepared, and made hot, by hot bricks and bottles, in order to facilitate reaction), and a pill, containing $\frac{1}{6}$ of a grain of morphia and $\frac{1}{20}$ of a grain of atropia, was administered. At 9 p.m., four hours after the operation, the temperature was 100, pulse 96, and respiration 22; feeling comfortable. 11 p.m.—A little restless—vomited—20 min. tr. opii by enema. 14th, 12 m.—One ounce of blood serum drawn out of drainage-tube. Temperature 99, pulse 94, respiration 22.

The recovery was uninterrupted, the temperature never rising above 99, or pulse above 96. The retching and vomiting, which was a little troublesome, was promptly checked by 15 gr. doses of bromide of potassium, every three hours. On the third day, I slipped a small rubber drainage-tube down inside the glass one, which was then removed, and each day the rubber tube was shortened by half-an-inch. On the 20th, the bowels moved without aid, and the same on the 22nd. On the 21st every other suture was removed, and on the 23rd the remainder. The union was complete. The peculiarities were, the absence in the large cysts of the proper cyst-wall in front, and the *cluster of cysts*, without any cyst-wall at all, except the peritoneum. Out of more than 100 cases which I have witnessed, I have never seen this anomaly before. I am not able to lay my hands on any records at present, but if I mistake not, it occurs in about $1\frac{1}{2}$ per cent. of ovarian tumours. The cysts and contents weighed 15 lbs., and the trabecular formation was well marked in one of them. On the third day after the operation, the menses appeared for the first time in 17 months. Let'er in May last states her health uninterrupted and youth renewed.

CASE II. The second case was seen by me June 26th, 1884, and the following notes made: Mrs. W—, residing in the County of Oxford, age 28, married—one child 20 months old—no

miscarriages. Came to womanhood at 15. Regular ever since. Immediately after birth of child, a lump was noticed in the right side. She had some advice and treatment for it then, and for some months after; but it gradually increased in size. Her general health was fairly good, and were it not for the consciousness of the presence of the tumour she would have thought herself quite well. My case-book records the tumour as probably double cystic, with right considerably larger, and occupying a much higher plane than the left, with a distinct depression between the two, but both moving together. Measurements: From right anterior, superior spine, to umbilicus, $7\frac{1}{2}$ inches; from left, $6\frac{1}{2}$ inches. Uterus mobile, and slightly anteverted; axis, $2\frac{1}{2}$ inches. A diagnosis of ovarian disease was made, and operation recommended. I saw her twice subsequently, previous to operation, and by the occasional use of a laxative pill and a diuretic she got on well, and came to London on the 23rd of September for operation. The bowels were freely opened on the 24th by a cathartic, the rectum washed out on the morning of the 25th (the day of operation). No solid food was given for 24 hours previous; nothing but beef-tea allowed.

Sept. 25th, 2:30 p.m.—Dr. Belton administered the bichloride of methylene with the Junker apparatus, and I was assisted by Drs. Fraser and Wilson. An abdominal incision, four inches long, was made in the line of the linea alba down to the subperitoneal fat. There was scarcely any hemorrhage. The incision was continued through the subperitoneal fat, and the peritoneum divided on the director. The nacreous wall of the cyst then made its way forward in the abdominal opening. The usual pearly appearance of cyst was in marked contrast to the appearance of Case I. The tumour was composed of three cysts, had no adhesions, and was easily removed, after the evacuation of its contents. The pedicle, which was short, was clamped by the pedicle forceps, transfixed close to the uterus, and tied in the usual manner. The tumour was then separated by the scissors, the stump sponged dry, and dropped into the peritoneal cavity; the uterus and right ovary examined and found of normal size. (Previous to the operation it was thought

that the right was the one affected). The peritoneal cavity was almost free from blood, scarcely necessitating any sponging. The abdominal wound was closed by seven deep sutures of carbolized silk, antiseptic gauze and absorbent pads placed over the incision, and held in place by adhesive plasters, over which a flannel bandage was firmly applied. The patient was then put in a bed, prepared as in the previous case, and an enema of 20 min. of tincture of opium given.

The weight of cyst and contents (which resembled thick pea-soup) was $7\frac{1}{2}$ lbs. Very little shock was observed, and scarcely any vomiting; the patient passing a good-night.

25th, 6 a.m.—Temperature 100, pulse 106. The patient made a rapid and satisfactory recovery, the temperature never reaching 100 after this record. Sutures removed on the eighth day—union complete; and on the 23rd day the patient returned home, being quite well. In a letter of March 10, 1885, she reported that she was quite well, and considerably more fleshy, and that she had passed the menstrual period five days. A later letter confirms her suspicions of March 10th, and she is now in the fifth month of pregnancy.

CASE III. Mrs. S—, of the County of Lambton, first consulted me Oct. 22nd, 1884, saying she had an ovarian tumour, and was directed to me by Drs. Crawford and McKinnon, of Alvinston, both of whom kindly sent me letters in reference to the case.

Mrs. S— was 59 years of age, married, had two children, 37 and 35 respectively; no miscarriages. Previous to the age of 45, her menses had always been regular and normal, excepting the physiological rest incident to utero-gestation and lactation. Change of life occurred at 52, but for seven years previous to this, she had menorrhagia, oftentimes severe and alarming. Between 46 and 47 she first noticed a swelling, which gradually grew larger up to the age of 54, but growing less rapidly during the two years after menstruation ceased. I might say here that although the patient is ordinarily intelligent, it is more than probable that she was mistaken, and that the tumour ceased to grow, when she ceased to menstruate, and that the slight increase in growth after the

climacteric period was imaginary on her part. Upon examination, I found a tumour, firm and unyielding, and reaching up to the umbilicus, and which moved both by external and internal manipulation, and without pain. The sound passed nearly $2\frac{1}{2}$ inches, and readily moved with every movement of the tumour. This latter, when taken in connection with the early symptoms, especially menorrhagia, extending over a period of many years, the slowness of growth, the cessation of growth, after the climacteric, and the generally healthy appearance of the patient, warranted me in coming to the conclusion that it was not ovarian, but most probably a uterine fibro-myoma, and so I recorded it in my case-book. I advised the patient that hers was not a case requiring operative interference for the present, and that I would write Drs. Crawford and McKinnon in reference to her case. She appeared to be not very well pleased with my advice, and said she would like to have it out. I then explained to her the risks of an operation for removal of the tumour, and the probabilities that her life would not be shortened on account of its presence. Her mind seemed influenced by a sense of notoriety, at least I judged so, for she still adhered to her text, "That it shall be removed," although she admitted she was not suffering much from its presence. However, I dismissed her, asking her to carefully weigh the *risks* and *discomforts*, and then see me in a few months hence. On the 18th of the following month, she, accompanied by her husband, entered my office. To my astonishment she said she came to have the operation done, that she had arranged matters at home, and had brought with her such clothing as she might want during her stay. Such was the importunity of the patient that I consented to operate, allocated a room to her at once, and prepared her for operation on the 20th, on which day, assisted by Drs. Fraser, Wilson, and Belton, and Mr. English, my student, and in the presence of several other senior students, I operated.

(To be continued.)

ERRATUM.—In our last issue, page 206, tonic normal urine should have read *toxic* normal urine.

DIET IN DISEASE.

BY H. ARNOTT, M.D., LONDON.

(Read before the Ontario Medical Association, June, 1885).

Our hopes of progress in prevention and cure of disease lie more in the direction of the investigation of its causes than the discovery of specifics. Heroes, as great as any who ever faced a shower of bullets, have ransacked the bodies of those dead of infectious diseases with this object in view, and enough has been accomplished in this line to raise the most extravagant hopes for the future. But there is a large class of diseases which, although not so fatal, are yet the cause of a great deal of suffering and impairment of usefulness, in which we do not make equal progress. We have made vast strides in the study of diseases in which we can trace the causative agent to his lair, catch him, and feed him, and breed him, and study his habits, and discover his vulnerable points, whilst in various affections having their cause in the conditions of every-day life, we have advanced little since the days of Abernethy. Foremost among these conditions is the food we eat. When we consider the influence of the food on the flesh and products of the lower animals, may we not infer that the influence of our food in the causation and cure of disease would be very great? Indeed, even in the vegetable world, it is well known that a tree fed on good soil will produce well-developed, healthy fruit, whilst that of its neighbour, which has been fed on some badly drained soil, will be small, and frequently spotted with disease. Considerations such as these suggest that there may sometimes be a cause behind the ubiquitous germ, and without which it might not be able to survive. It certainly indicates the importance of a careful study of our daily bread.

The purpose of this paper is merely to show that several disorders of the system have their origin in the consumption of more nitrogenized food than the constitution or circumstances of the person require, and consequently that the regulation of the amount of albuminoid food consumed frequently constitutes a valuable and definite therapeutic resort.

Our food may be said to consist chiefly of albumen, starch, fat, and sugar, and it would

seem evident that the first principles of dietetics should be the knowledge when to increase or decrease any of these elements. A great deal has been done in this line, but much remains to be known. The effects of diet in the treatment of diabetes, Bright's disease, scorbutus, etc., prompts the hope that the treatment of disease by a skilful regulation of the diet may be still further extended, and that a corresponding decrease in the use of powerful drugs will ensue. If we enquire what becomes of any excess of food taken into the system beyond its requirements, we find that if an excess of fatty or starchy food be taken, it may be deposited as fat. If too much saccharine matter be indulged in, it may be deposited as fat, or carried off as a temporary glycosuria; but an excess of albumen has no such outlet. It demands a plentiful supply of oxygen to fit it for elimination, and if, through sedentary habits, diseased lungs, or other cause, this be not forthcoming, the blood is flooded with offensive matters which all the emunctories of the body are not sufficient to remove. The breath from the lungs, under such circumstances, has a heavy odour, the skin becomes dark-coloured, and the conjunctiva yellow or muddy, with all its vessels engorged. The Prophet Daniel, long ago, discovered these truths, and it may be that if vegetarians had set themselves to discover the precise conditions calling for such a diet, rather than going to an absurd extreme, they might have conferred a real benefit on humanity.

I shall now, as shortly as possible, mention a few clinical facts that seem to support the theory that too much albuminoid food sometimes produces disease.

My attention was forcibly called to this matter when studying certain forms of hemicrania. Some of these, I noticed, were completely cured by a diet from which albuminoid food was almost excluded, and instead of the patients running down and becoming weak, in several instances they gained in weight and strength. In one instance the patient gained fourteen pounds in a short time after the change of diet. Of course, vigorous out-door exercise might have answered the same purpose, but that is a prescription which has various obvious objections.

In spasmodic asthma and bronchitis, I think,

there is no therapeutic measure that will finally give greater satisfaction than lessening the amount of albuminoid food consumed. These affections are sometimes curable, by this measure alone, even in cases where the hereditary tendency thereto is distinctly marked. I might cite several such cases, but let one suffice. Mr. S—— was very asthmatic, as were also two of his brothers. His children, when quite young, were severely troubled with spasmodic bronchitis, and I was frequently summoned in the night to some of them suffering from that affection. This went on for 2 or 3 years, and I often wondered if it must go on during their whole lives. In truth, it had gone on during the greater part of the life of the father, who was now a pretty old man. Finally, I requested them to try the experiment of feeding their children chiefly on milk and cereals, and from that time I was hardly ever summoned to any of them suffering from a similar cause.

Sleeplessness, when accompanied with a dark skin, tense arteries, and a deposit of lithates in the urine, is very much benefited by this measure. Of course, the opposite class of cases are met with, where an exhausted system calls for rest and generous nourishment, but properly selected cases will be found to yield very satisfactory results.

In Bright's disease, whether acute or chronic, the diet should not include albuminoid food. The reasons for this are so obvious that no further reference need be made to it.

Foul breath, not due to any local affection, will frequently be rapidly cured by this diet without the aid of medicine. Not long ago, a young lady, with a vigorous appetite for animal food, and who had become a nuisance to the rest of the family on account of her foul breath, was entirely cured by this simple means.

I might easily extend my list of diseases, and relate more cases that were cured in this way after medicinal treatment had failed, but enough has been said to show you the drift of my opinions on this important subject.

Just this very morning, a young man, an asthmatic patient of mine, called to tell me that one month of this diet had done more for him than all the medicine he ever took, that during that month he had only tasted meat once, and that

night he had symptoms of return of his old trouble.

There is an absurd notion prevalent that a person will get weak under this regime; so far is this from being true, that I have had patients gain several pounds in weight. Get weak, indeed, on a diet that has produced so many splendid Scotchmen and Irishmen, and enables the Arab to travel from 50 to 60 miles a day, and undergo the greatest hardship!

Albuminoid food is a true stimulant, causing increased vigour and power of endurance, and the want of it must certainly be felt by the patient, but we must not take sensations for reality, nor the patient's feelings as our guide in prescription. Nor must we forget that, if more coal is put into the furnace than is completely burned, the grating will become choked with too much waste.

CASE OF ENCYSTED PERITONITIC FLUID, TREATED BY FREE INCISION AND DRAINAGE.—CURED.

(Reported by C. W. Heggie, M.D., Detroit).

Mrs. B——, aged 32, married, has five children, the youngest born in February, 1884. Father living and healthy. Mother died 20 years ago of phthisis. Has four brothers and three sisters living; none dead. She is a farmer's wife, and has been a hard-working woman.

After the birth of her last child she did not improve as in former times, but felt weak and languid, and suffered considerably from palpitation of the heart. In the latter part of April, 1884, she ceased to nurse her child, and her menses began again. In July she noticed a swelling of her abdomen in the umbilical region, and exhibited, according to her physician, symptoms of malaria. Her menstruation, at this time, became excessive, and continued so until April, 1885. Under general treatment the tympanitic enlargement disappeared. In November she felt pain in inguinal regions shooting into the hypogastrium, and her abdomen began to swell. The swelling continued steadily to increase, notwithstanding treatment. Any attempt at stooping to lift gave her much pain, as also did any jar. This pain was much

increased in intensity on pressure being applied. She had also a dull, heavy pain in the small of her back, not very severe, but so irritating as to deprive her of rest.

On March 6th, 1885, she came to University Hospital, Ann Arbor, and was there treated by Dr. Dunster for cervical and corporeal endometritis.

At that time her condition was as follows:—Pulse, rapid and feeble; tongue, flabby and trembling; appetite, poor; bowels, constipated. Urine, small in amount, and containing dark deposits; slight yellowish-white leucorrhœal discharge. Muscles very much wasted.

April 15. Dr. Maclean was asked to see her for the first time. He made a very careful physical examination, and found that the swelling was not altered by position, and did not gravitate to the sides. By palpation, fluctuation was quite distinct, and percussion revealed a dulness over the swelling, and tympanitis above in the region of the stomach.

Diagnosis.—An abdominal cyst, either of ovary, kidney, or some other abdominal organ, but possibly a case of encysted peritonitic fluid. The prognosis was very unfavourable, and in any case demanding operative treatment.

April 18. Dr. Maclean made an incision in the median line, four inches in length. On dissecting down, he found the cyst wall intimately connected with the peritoneum, and on making an opening into the sac, thick pus, tinged with blood, and containing lumps of inflammatory formation, poured forth.

The incision was enlarged to six inches; the operator introduced his hand and cleaned out the cavity. He was unable to feel anything but an adventitious membrane lining the posterior part of the anterior wall, and the anterior surface of the intestines, which were bound tightly down by adhesions, bridging over the brim of the pelvis, and extending up beneath the liver and stomach. Neither a sound in the uterus, nor a catheter in the bladder, could be felt from the interior of the cyst. The cavity was entirely distinct from the pelvic viscera, which were matted together. The sac walls were lined with flaky scales, which were very easily scraped off by the finger. After thoroughly cleansing the cavity, the wound was closed and a drainage-tube left in.

At 4 p.m., her temperature was 98°F., and pulse 90. She slept well during the night.

Three times every day her wound was dressed, and the cavity washed out with warm water, very slightly carbolyzed. For the first two days her urine was drawn by catheter. She took beef-tea and milk for the first week.

On the fifth day the sutures were removed, and she began taking quinine. At each washing a great deal of pus came away, and it was noticeable that her temperature was always lowered after it.

Until the 26th, the temperature varied daily between 100°F. and 101.5°F., and her pulse between 100° and 120°, but on the evening of the 26th her temperature began to rise, and reached 105.5°, with a pulse of 140-170°. The cavity was washed out, but nothing came away until the morning of the 28th, when a pocket of pus seemed to have opened. The temperature, almost magically, went down to 100°F., and since then there has been no serious rise. The discharge gradually grew less; iodoform was dusted in, and the woman gradually improved, until last week—five weeks and a-half from the time of operation—she was discharged cured.

Remarks.—This operation was performed in the operating-room, before 250 students, without the spray, or other antiseptic precautions, excepting thorough cleanliness, and yet, under the most unfavourable circumstances, the woman recovered. This seems to me one of the many achievements of which modern surgery may well be proud.

With my limited experience, might I venture to suggest that here, as a result of labour, we had a general metritis, the inflammation spreading to the pelvic viscera, matting all together, and finally, by some means or other, setting up a chronic peritonitis. I think if the symptoms are examined, they will bear me out in part of my theory, at least, if not in all.

In the *Boston M. and S. Jour.*, Dr. Z. B. Adams thus sums up his objections to the routine use of the antiseptic douche in midwifery: "It is artificial; it is meddlesome, it is of doubtful utility; and it may be hurtful and even fatal."

Selections.

ON HABITUAL CONSTIPATION IN WOMEN.

Stoffella, in *Wiener med. Wochenschrift*.—Apart from the fact that the mere presence of the uterus between the bladder and the rectum will tend to produce fecal accumulation in the rectum—more especially if there exist some uterine enlargement—there are certain general conditions which we meet with in women which are accompanied by constipation, namely, anæmic, chlorotic, and so-called hysterical conditions. This relationship Stoffella endeavours to explain. The two factors which are chiefly concerned in producing evacuation of the bowels are (1) intestinal secretion in sufficient quantity, and (2) peristalsis. The peristaltic action of the bowels may be affected in two ways: firstly, by weakening of the muscular coat itself; secondly, by an interference with the innervation of the bowel. In many serious diseases, such as carcinoma, chronic Bright's disease, extensive caries, etc., atrophy of the muscular coat of the intestine has been shown to exist, and Stoffella believes that a similar change occurs in simple anæmia and chlorosis. Two facts help to confirm this hypothesis, (1) that the majority of anæmic and chlorotic patients exhibit a greater or less degree of dilation of the stomach, due to fatty degeneration, or at least, cloudy swelling of the muscular coat, caused by deficient oxygenation of the blood, a condition analogous to that of the muscular fibres of the heart in chlorosis; (2) that, as a rule, as the condition of the blood improves, the constipation disappears. That interference with the innervation of the bowel diminishes peristalsis is proved not only by experiments, but also clinically. An impaired innervation of the bowel, combined with atrophy of the muscular coat, might readily lead to the obstinate constipation often found in anæmia and chlorosis. Increased innervation may also cause constipation, as is shown in chronic lead poisoning, in which, so long as the colic and cramp continue, the bowels are confined.

There is another way in which increased innervation of the bowels may cause constipa-

tion, namely, by causing contraction of the vessels, and consequent diminution in secretion. This would also lead to increased blood pressure in the abdominal aorta. Now, in very many cases of nervous and anæmic women, we find marked aortic pulsation. In most of these cases we find some pathological change in the uterus or its appendages, and it is possible that the irritation of the sympathetic centres of that organ may produce stimulation of the sympathetic ganglia of the abdomen, causing increased tonicity of the intestinal vessels, and increased aortic pulsation. Almost without exception we find that women in whom marked aortic pulsation exists complain of constipation. Still further, tonic contraction of the vessels of the bowel will produce not only diminished intestinal secretion, but also diminished intestinal absorption, and hence we so frequently get the combination of nervous symptoms, constipation, and anæmia in one patient.

In the treatment of habitual constipation we must first find out the cause which produces it, that is to say, whether we have to do with atony of the muscular coat of the intestine, or with a tonic contraction of its vessels. In this we are greatly assisted by the character of the pulsation in the aorta, a normal pulsation being present in the former class of cases, while it is very marked in the latter.

In cases coming under the first category (generally found in chlorotic patients) Stoffella recommends iron, given over a long period, and combined with extract of aloes or rhubarb. These latter drugs seem to cause the iron to be more readily absorbed. This treatment may have to be followed for six months or a year before it is crowned with success. In those cases in which the above combination does not overcome the constipation, a small quantity of powdered senna leaves may be given at night, and also in the morning, if necessary. Clysters of cold water, and hydropathic treatment are also good. As adjuvants to the iron treatment, the milk cure, health gymnastics, massage of the abdomen and electricity may be named. In employing electricity we must not overlook the danger of causing intussusception.

In the second class of cases, where the tonic contraction of the vessels is the cause of the

sluggishness of the bowels, antispasmodic remedies are indicated in addition to the iron, which must also be used here on account of the anæmia which generally exists. Belladonna is good, but the bromides of potassium and sodium are most valuable. In addition, cold water treatment and massage may be used, and those mineral baths which contain iron are very beneficial. Attention must also be paid to the irritative causes which underlie the condition, and it is in these cases that the gynecologist renders good service. In all cases the diet, of course, must be attended to, those articles which are well-known hard stools being avoided. Where the constipation is due to sluggishness of the bowels, stimulating, well-spiced dishes may be given. On the other hand, where it is caused by increased innervation, a bland diet must be adopted.—*Medical Chronicle*.

THE USE OF GALVANISM IN CHRONIC DISEASES OF THE PHARYNX.

Dr. Shurly, of Detroit, read a paper on the above subject at the last meeting of the American Laryngological Association, in which he stated that at the congress of 1880 he had called attention to the use of galvanism in pharyngitis sicca, since when he had used galvanism in a number of cases with good results. The difficulties attending the use of electrodes in the pharynx could be reduced through the use of cocaine, making this plan of treatment of general practicability. He believed that certain conditions of the pharynx, such as chronic engorgement, hypersecretion, etc., are often only local expressions of a derangement of the stomach, the intestinal canal, or possibly some more remote organ. Certain neuroses of the pharynx such as hyperæsthesia, spasm, also paræsthesia, are dependent upon derangement either of these same organs, or of the genito-urinary or mental apparatus, all of which require little or no local treatment. There are certain organic lesions, also, of the pharyngeal mucous membrane, which are characterized by glandular hypertrophy, general hyperplasia, hypersecretion, atrophy with diminished secretion, etc. To these he wished to call special attention. They consti-

tute changes which are trophic, and are distinct local disorders.

He believed that glandular hypertrophy and atrophy, with or without persistent extra secretion, and with little organic change in the membrane, were due to a perversion of function of the nervous apparatus distributed through the pharyngeal region. Mere mechanical effect of infiltration or interstitial deposit could not account altogether for the waste of the membrane. It seemed impossible, too, that the symptoms of typical pharyngeal disease could be fairly attributed to ordinary inflammation and its consequences. Some of these conditions were probably distinct local diseases, having for their origin some nutritive abnormality antecedent to the inflammatory changes; perhaps due to metabolic derangement through a disordered trophic function of the hypoglossal, pneumogastric, or sympathetic nerve. Acting upon this theory, he had employed different agents for local use, and of these had gained more lasting effect from galvanism. The mucous membrane having remained in many cases of a vivid color, and bathed in a fluid secretion several hours after the application, and in case of atrophy, leaving an exhilarating sensation of heat and pliability.

In the severer forms of chronic nasal catarrh, in cases of engorgement with hypersecretion, and also in distinctly neurotic conditions, such as paræsthesia, he had had good effects from galvanism. The following method was advised: First, cleanse the membrane with some appropriate solution, then apply a four per cent. solution of cocaine, and, in about five minutes, apply the electrodes (which were then exhibited), one through the nasal passage, and the other through the posterior and lateral wall of the pharynx, moving them rapidly but gently over the surface, and keeping them closely applied. He generally began with two cells, increasing to four or five, of a battery composed of the improved Leclanche cells. The electrodes are naked, unless one is to be applied to the side of the neck, when that is covered. The application should be repeated two or three times a week, although in some cases one thorough treatment a week is enough. This method will not restore already destroyed tissue, but it will arrest

metamorphoses which finally result in either the loss of glandular, as well as other elements of the membrane, or the substitution of adventitious for the normal tissues. The time required for permanent results will vary with the case and the state of chronicity presented. The only therapeutic theory was the restoration of the nutrition and normal secretion of the parts by the direct application of the electric fluid to the terminal nerve filaments.—*Med. News.*

TREATMENT OF SHOCK.—The following views in regard to the treatment of "shock" are expressed by Groninger of Berlin, as the conclusion of a long paper on the subject.

Energetic counter-irritations of the skin are to be excluded as useless and even dangerous.

Abstraction of blood is contraindicated.

Transfusion of blood can only be thought of in cases of great loss of blood.

Opium and chloroform are of no value whatever in shock, while digitalis is worthy of further study.

Alcoholic stimulants and subcutaneous excitation are useful. Horizontal posture, application of warmth, perfect rest, and subcutaneous injection of strychnine are the most recommendable factors of treatment.—*Therapeutic Gazette.*

CASE OF RECOVERY FROM MALIGNANT PUSTLE.

Mr. F., aged 31, a veterinary surgeon, experienced on October 6th a stinging sensation at the back of the right wrist. A small bleb was formed, which he scratched off, and there was some tenderness of the elbow and arm-pit. He had a slight rigor. On October 8th, he was seen by Dr. Meadows, who prescribed some salicylate of soda and tincture of aconite, in frequent doses, as his temperature was 104°, and the rigors continued the whole of the day. A black eschar began to form on the afternoon of the 8th, and on the 9th it became about the size of a sixpence; its base was red and œdematous, and surrounded by some vesicles in a circular shape.

The temperature was nearly 104°; the pa-

tient felt cold, and his tongue was foul. I visited the case with Dr. Meadows, and we injected pure carbolic acid under the eschar, using an ordinary hypodermic syringe. Unfortunately, we could only introduce a small quantity, as it oozed out in the withdrawal of the syringe, and with it a serous-looking fluid. I dried some of this fluid on a cover-glass, stained it with methyl-violet, and found the well-known bacilli of anthrax. We prescribed large and frequent doses of soda-hyposulphite, and ordered also a large quantity of meat. Under this treatment he rapidly improved.

On October 12th, we again injected carbolic acid. The temperature came down, and as the patient said he felt all right, the hyposulphite of soda was reduced to three times a day. The eschar did not finally separate for nearly six weeks, and the ulcer then soon healed. I believe that the main remedy in this case was the injection of pure carbolic acid—a mode of treatment which does not seem very painful.

There was a clear history of the disease, which was contracted exactly twelve days before its first appearance, Mr. F. having examined the flesh of an animal that had died from anthrax.—*W. E. Buck, M.D., in British Medical.*

HEMORRHAGIC ERYTHEMA IN A CASE OF BLENNORRHAGIC RHEUMATISM.

Feulard (*Le France Medicale*) gives the case of a man, 21 years of age, in apparent good general health, but who had suffered from malaise, loss of appetite, and sleep, for several weeks. This person was taken, on the afternoon of the 21st of January, with pains through the body, most severe in the calves, neck, and head, with sore throat, and slight diarrhœa. That night he did not sleep, and the next day he entered the hospital covered with an eruption which, on the trunk and limbs, was composed of disseminated, small, round lesions, some bright red, erythematous, and disappearing under the pressure of the finger. Other lesions were dark red, hemorrhagic, and exactly resembling the lesions of purpura. At two or three points

were true ecchymoses. These lesions were not raised above the surface; they were few in number on the face, but plentifully distributed over the abdomen. There was no tendency to greater numbers of lesions over the articulations, but they tended to a circinate grouping in places. The eyes were injected, the conjunctivæ ecchymotic, the buccal mucous membrane, the velum, and the pharynx were covered with analogous lesions. There was no bleeding from the gums, the temperature was 95.3°, and the urine contained a trace of albumen. The articulations were intact, except that the right knee contained a slight serous effusion. The heart and lungs were normal. There was a slight discharge from the urethra, but the patient had taken no medicine for this.

The patient was under observation for several days, during the first of which no change took place, except that the old skin lesions began to fade, while new ones took their place. At the end of this time the patient complained of pain in the left hand, the metacarpo-phalangeal joints of which were tumefied and red. The next day the left testicle was swollen, red, and painful. Without the epididymis being affected, the entire gland was enlarged. The eruption faded by degrees. The evening temperature was slightly elevated. Within a few days the swelling had passed to the left testicle, while the right had gone down, but there was no epididymitis. The discharge from the urethra was mucous. At the end of ten days from the original attack, the patient was well.—*Medical Times*.

COCAINE IN BURNS.

Dr. Weiss writes:—On December 25th, I was called to Professor L—. An atomiser which he was using had exploded, the hot steam badly scalded the Professor's lips, nose, cheeks, and forehead. Pain was so intense that I apprehended general convulsions. I sent for sundry topical remedies, amongst them a two per cent. solution of hydrochlorate of cocaine. In the meanwhile I covered the injured parts with pieces of cloth dipped in olive oil; on the top of these I applied ice water compresses, renewing them every minute, without affording the slightest relief. When the medicaments arrived, I

touched the injured parts with a hair-pencil dipped in the cocaine solution. I had scarcely finished when all pain had entirely vanished, without any return. At my visit in the evening I found the patient quite easy, and in good spirits.—*Wiener med. Woch.*—*Lancet and Clinic*.

COCAINE IN VENEREAL AND SYPHILITIC DISORDERS.

The experiences of Bono with cocaine in affections of the genital system can be conveniently epitomized as follows (the *Therapeutic Gazette*): 1. An injection of a few drops of a two per cent. solution of cocaine removes promptly the pain felt in acute gonorrhœa during micturition and erection. The injection has to remain in the urethra for at least five minutes, and to be repeated four to five times daily. 2. This cocaine injection is unrivalled in rendering caustic injections or the introduction of the catheter painless. 3. The burning pains of blenorrhœa in women yield invariably to small cotton tampons saturated with a two per cent. solution of cocaine, or to the application of a five per cent. cocaine ointment. 4. Cocaine facilitates the examination of urethra and bladder with the bougie and the endoscope. 5. It allows of a painless cauterization in balanoprostitis. 6. Pointed condylomata can be painlessly cauterized, excised, or scraped out with its aid. 7. In cauterization and excision of primary syphilitic affections, cocaine evinced very desirable analgesic virtues of a sufficiently long duration. Taken internally during the antisyphilitic treatment, cocaine did not present any appreciable effects. 9. Its local effects are highly beneficent in syphilitic tonsillitis and in stomatitis mercurialis, and difficulties of deglutition.—*Medical Record*.

GASTROSTOMY.

The first gastrostomy was performed by Sedillot, of Strasburg, in 1849, for cancerous stricture of the œsophagus. Between the first named period and 1876 the history of the operation is an unbroken series of failures. The operation was repeated about twenty-five times,

and most of the patients died within the first ten days; one lived about a month. The first successful case of gastrostomy was reported by Verneuil, of Paris, in 1876. The patient survived the operation seventeen months. Since 1876 the number of gastrostomies have extended into the hundreds. The most elaborate tables of this operation are those reported by Blum, in which an analysis of 131 cases are given. Of this number 85 died before the twelfth day, in consequence of the operation—a mortality of 65 per cent.; while 38 survived from a few months to two years or more. The most favourable results are obtained by dividing this operation into two stages, separated by an interval of five or six days. The first stage includes the exposure of the stomach, and the stitching of its peritoneal and muscular coats to the margins of the skin incision. The second stage is completed when adhesion has taken place, by making a small opening into the stomach, through which a small tube may be inserted into the viscus. The most gratifying results of the operation are obtained in those cases of non-malignant stricture; but even in cancerous cases, where the operation has been resorted to early, success may be looked for. Fatal accidents have apparently resulted from the introduction of a pint of cold fluid at one time into the stomach, after gastrostomy.—*W. S. Thorne, M.D., in Pacific Med. and Surg. Journal.*

SACULAR DILATATION OF THE URETHRA.

BY LAWSON TAIT, F.R.C.S.

In October 1875, I published the following case in the *Lancet*:—

Mrs. B., mother of a large family, had suffered for many years from a protrusion, about the size of an egg, from the vulva, which was excessively painful. She passed large quantities of foetid pus from the bladder. The protrusion looked like an ordinary cystocele, save that it was quite irreducible, was very hard, and when it was firmly pressed, a large quantity of foetid ammoniacal pus escaped from the orifice of the urethra. If this pus got on the fingers it made them smart. The sound readily passed into the cavity of the protrusion from the urethra. It

was clearly, therefore, not an ordinary cystocele, but probably a sacculaton of the urethra, and the only benefit likely to be obtained was by its removal. She was placed under ether, and the lower half of the protrusion was removed by a cut of the scissors; and this opened into a large cavity lined with thickened corrugated mucous membrane. It had an opening into the urethra large enough to admit a No. 9 or 10 catheter; the opening being situated in the lower wall of the urethra, and about halfway between its orifice and the entrance to the bladder. The whole of the mucous lining of the sac was removed, and the vaginal mucous membrane was closed over the cavity by deep sutures. The wound healed rapidly, and the cure is now complete.

In May 1876, M. Gillette, of Paris, published, in the same journal, a case very similar in external appearance, and probably in its relations to the urethra; but he did not define accurately, in his description of the operation, the relations which were discovered in the entrance to the sac from the urethra. Although I opened correspondence in the journal, I did not elicit the information which was necessary in order to determine whether M. Gillette's case was precisely like my own.

Until the case that I described in 1875, I had never seen anything of this kind, nor had I met with any description of it, and, until the beginning of this year, I had never seen another case like it, nor have I come across, in my readings, any allusion to further experiences of this peculiar condition save that of M. Gillette. But, as a curious illustration of the strange series of coincidences which are constantly occurring in surgical practice, since the beginning of this year I have had no fewer than three cases precisely similar to that which I previously narrated. The symptoms in all three cases were precisely alike. The patients were constantly troubled with an escape of foetid ammoniacal purulent urine, causing much irritation, discomfort, and annoyance from the smell. The escape did not occur during micturition—that is to say, the urine passed voluntarily was usually perfectly clear and sweet; but, either with the least strain of micturition, or pressure, or on a sudden change of position,

and at other times inexplicably, this objectionable fœtid urine escaped without the patient knowing anything about it, until she found herself wet and uncomfortable. When examined, a tumour, apparently continuous with the neck of the bladder, was found to present itself between the lips of the vestibule, closely resembling an ordinary cystic vaginocœle, save that it was tender on pressure. When it was pressed, the characteristic fœtid and purulent urine escaped by the meatus. When a catheter was passed into the bladder, keeping the point well up on the roof of the urethra, it passed easily into the cavity of the bladder, and perfectly clear urine was withdrawn. When, on the contrary, the point of the catheter was passed, with slight pressure, along the floor of the urethra, it entered the cavity of the tumour, and the putrid contents of the latter escaped. The patients were respectively of the ages of 23, 55, 32; and were operated upon the dates February 10th, February 13th, and March 27th. The details of their operations and all the conditions found are practically identical, save that, in the second case, the tumour was quite as large as an egg, whilst in the first and third it was not much more than half that size. The proceedings that I adopted were precisely those described in the *Lancet* for my first case. I put a catheter in the urethra, in order to display the aperture and to prevent injury of the canal. An elliptic piece of the protrusion was cut away, so as to completely open its cavity, and perhaps about half its substance removed. The thick and velvety mucous lining was then carefully dissected off as far as the aperture leading into the urethra, which in none of the cases was larger than just to admit the catheter. Five silver wire stitches in the second case, and three in the other two, were then introduced, by a handled needle, right across from one side to the other, and deep enough to embrace the whole of the structure except the urethra, the central stitch always reaching across the aperture into the canal. The proceedings were, in all three cases, accompanied by a very remarkable amount of hæmorrhage, altogether disproportionate to the importance of the operation. The catheter was retained in the bladder five or six days, and the stitches were removed on the

eighth and ninth, and all three patients went home in twenty days perfectly well.

I have had the curiosity to hunt up the patient whose case is recorded in the *Lancet*, October 1875, and am gratified to find that there has been no return whatever of the trouble, and that she has remained perfectly cured by the operation.

In M. Gillette's paper, he alludes to several cases in which general, or what may be called ampullary, dilatation of the urethra has been met with, requiring operation. But, so far as I know, nothing of the kind has ever occurred in my own practice. The only dilatations of the urethra that I have seen are the four now placed on record; and the fact that in every one the feature of an extremely small aperture communicating between the sac and the urethra was established, makes it clear that, in these four cases, and probably, I may also say, in M. Gillette's as a fifth, we have a distinct form of disease, the origin of which is open to one of two explanations. The first, and I think the most likely, of these is that there is, as the origin of this condition, an error of development by which a small offshoot of the urethra, like a diverticulum of intestine, is the result of faulty union of the primal folds, and that this becomes of pathological importance when women become accustomed to those errors of urination to which they are all more or less addicted. The second explanation is that this urethrocele is formed by the union between the urethra and a cyst of pathological origin in the roof of the vagina. But I am disposed to regard the former as the more likely of the two, from the extraordinary similitude which all my four cases have presented, and from the fact that I have never seen any cysts at all like them in a position that such a communication with the urethra might take place.—*Brit. Med. Jour.*

We understand that Dr. Wallace, of Liverpool, has successfully performed resection of the female bladder for cancer by abdominal section, being, we believe, the first time the operation has been performed in this country. The patient is progressing satisfactorily, seven days having elapsed since the operation.—*Lancet.*

NEW DRAINAGE EMPLOYED IN COLD ABSCESSSES.

BY DR. HOUZEL, BOULOGNE.

The author, from cases under his own observation, and others communicated to him by Dr. Cazin, arrived at the following conclusions:—

(1) In recent wounds the pus is a source of danger; in old wounds, in those which have undergone a change, in those which result from the opening of cold abscesses after resections, not only is the pus dangerous, but it is often very uncomfortable from its extreme abundance.

(2) In order to leave wounds or osseous surfaces in the most favourable condition for healing, it will be essential to change the dressings rarely, but one is often forced to dress the wounds frequently, owing to the profuse suppuration. How, then, can the dressings be left, without running the risk of keeping the limb bathed in pus? A form of dressing, which will permit the pus to be taken up where it is secreted, will carry it away without touching the dressing, without soiling it certainly constitutes an advance, and will be pre-eminently an antiseptic dressing. The suppurating cavity having been dried and rendered aseptic, Dr. Houzel introduces, as deeply as possible, two indiarubber tubes, placed side by side, if the cavity is narrow, or diverging at the point where they penetrate beneath the skin if the suppurating cavity is large. The calibre of these tubes is in proportion to the abundance of the suppuration. Before introducing the tubes, care is taken that holes are cut in those portions which are to be within the suppurating cavity, and which are to receive and to aspirate the pus. At the place of exit from the wound the two tubes are placed side by side, surrounded with iodoform and a collar of charpie. Over all is placed a dressing of carbolic gauze, or of antiseptic wool, and a mackintosh, with an opening for the passage of the tubes. These tubes are then gently brought through the opening, so that they may be on a level with the dressing, where they are fixed by one or two pins. Lastly, the tubes are enclosed in a flat indiarubber bladder, containing a little pure carbolic acid or chloride of zinc. The elasticity of the bladder allows it to be fixed in a groove made around the opening, so that there

are two cavities, that of the abscess and that of the bladder, which communicate by means of the tubes sheltered from contact with the air by the dressings, and the one cavity entering into the other. What takes place? Driven by the *vis-a-tergo*, the pus fills the tubes. Then, as their ends, enclosed in the indiarubber bladder, have been placed at a lower level than those in the suppurating cavity, the syphon action commences. This not only permits the pus to flow, but also aspirates it very gently as it is secreted. The suppurating cavity is more quickly and more completely emptied, also in a more aseptic manner than with ordinary drainage tubes, for instead of soiling the dressings, the pus is immediately received into the caoutchouc bladder, where it is neutralized by a powerful antiseptic substance.—*Med. Chronicle*.

WIRING OF FRACTURED PATELLA.

The infrequency with which this operation is performed in this country, as compared with its performance on the other side, and in Great Britain especially, is sufficient excuse for the report of an individual case. Patellæ have been wired by several prominent surgeons in this city within the past year, and with excellent results, but as far as I know have not been reported in the journals as yet.

The case about to be described forms the fourth operated upon by the writer (for notes of first three cases see the *Medical Record*, Dec. 22, 1883), and all have been eminently satisfactory, both in immediate and in later results, *i.e.*, no especial constitutional disturbance from the operation, primary healing of the soft parts, bony union of the patella, and complete retainment of function of the joint. The patient, G. S—, twenty-two years of age, was one in the practice of Dr. Moir, of Union Hill, N. J. He was a professional athlete. On March 15th last while exercising on a horizontal bar, on jumping to the floor, he miscalculated the location of the padded mat beneath the bar, jumped upon its edge, his heels resting upon the mat, his toes upon the floor. It will be seen that the fracture occurred from muscular action. I saw him the next day, twenty-six hours after the accident, and proceeded to operate.

A transverse incision was made, the joint cavity cleared of fluid blood and blood-clots, and the thick, leather-like clots scraped from the bone surfaces. Two sutures of silver wire were used for the patella, one seam of catgut for the joint capsule, another for the integument; one rubber drainage-tube was employed. It was not found necessary to ligature any blood-vessels. An ordinary dressing of iodoformized gauze and antiseptic cotton was employed, and a splint of wire netting. The limb was suspended and the foot elevated. The dressing was changed on the thirteenth day, and the tube removed; dressed again on the twenty-eighth day, and the soft parts found healed. Patient allowed to walk at the end of seven weeks, and he has now complete use of his limb, with almost entire return of function in the joint.—*F. C. Fuller, in Med. Record.*

REMOVAL OF A CALCULUS FROM THE VERMIFORM APPENDIX FOR THE RELIEF OF RECURRENT TYPHLYTIS.

At a recent meeting of the Clinical Society of London (*Medical Press*), Dr. Symonds read the history of a case in which, at the suggestion of the late Dr. Mahomed, he had removed a calculus from the vermiform appendix for the relief of recurrent typhlitis. A basket-maker, aged twenty-three, was admitted to Guy's Hospital July 16, 1883. Six months previously he was seized during the night with pain in the right iliac region; this increased in severity and he became ill generally, and at the end of a week was unconscious, remaining in this state four days. The illness lasted seven weeks. During the first week he vomited everything, and his bowels were not opened for ten days. During the whole time there was great tenderness in the right iliac fossa. During the first part of his illness he was under the care of the parish, and for the last two weeks was in the Camberwell Infirmary, where he was told he had typhlitis. Soon after this, on getting about, he noticed a hard lump in the right groin about the size of a walnut; sometimes this swelling was painless, at other times it was very tender. Since this illness he has had repeated attacks of pain in the right iliac fossa,

which come on suddenly, and last one or two days. The pain is relieved by poultices. At first these attacks recurred about once a month, but during the last five weeks he has had six attacks, and they have been increasing in severity. One of the attacks having been observed in the hospital, it was proposed that the cæcal region should be approached by an incision in the right iliac region. Dr. Mahomed was of the opinion that there existed an abscess cavity containing probably a calculus or concretion, and that the periodical occlusion of a communication with the cæcum determined the recurrence of pain. It was finally decided to cut down upon the small hard lump which was to be felt in the right groin on deep palpation. On August 24th chloroform was administered, and under the carbolic spray an incision was made, commencing two inches above and one inch internal to the anterior superior iliac spine, and curving downward and forward for about four inches, being much the same as that used in ligature of the external iliac, and so arranged that its centre corresponded with the position of the lump. The various structures were divided, but the transverse fascia was not distinctly recognized, owing possibly to the incision being rather near the iliac spine. The structures in front were now raised out of the iliac fossa, when the lump could be plainly felt from behind, and as yet the peritoneal cavity had not been opened. A hand pressed duly from the front steadied the swelling, and brought it more into the wound. A vertical incision was now made over the hard lump, and a small calculus exposed. Before removing it a fine silk suture was passed through the tissues just above, so that the orifice might not be lost. The opening was then enlarged, and the calculus removed. The soft and purple mucous membrane of the appendix was seen, and its tortuous course from the aperture could be traced upward toward the cæcum, so that there seemed no doubt of the canal having opened. Exploration of the cavity with a probe failed to detect a channel leading toward the cæcum. No pus or other fluid was found round the calculus, nor was there any fecal or unpleasant odour. The opening into the appendix was closed by Lembert's and the wound by deep silk sutures. The

peritoneum was not opened, so far as could be determined, and this was attributed to the adhesions that had probably taken place at the time of the first attack, and to the method adopted in reaching the appendix. The usual gauze dressings were used. The calculus was oval in shape, smooth on the surface, and measured three-fourths of an inch long, and rather more than one-half of an inch wide. On section it showed a laminated calcareous capsule enclosing hardened fecal matter. The patient made a somewhat protracted but complete recovery, and in April, 1885, although an inmate of a lunatic asylum, it was learned that he had never any bowel trouble since November, 1883.—*N. Y. Medical Record.*

PLASTER JACKET.—NEW USE FOR.

In reading of the uses to which the plaster jacket is put I have never seen it recommended for the relief and cure of weakened and painful condition of the spinal muscles, caused by injury, disease, etc., and I think I can make myself more clearly understood by relating two instances from among others, not only where it gave instant relief, but performed a permanent cure. While I was yet a student (1869, Jan.) I suffered from an attack of typhoid fever, which, run its natural course and I was convalescent in about eight weeks, and by over-exertion I suffered a relapse which lasted much longer than first attack. When I got able to be around I suffered untold agony from pain in the lumbar region and down course of right sciatic nerve, and at times what I called spasm of psoas muscle, and if I was not near something to catch hold of, would fall, for I could not endure the pain. Cupping, blistering, and all external as well as internal remedies were used, but all the relief I could get was from hypodermics of morphia, and I had to take from three to four per day to make living endurable. When I thought the plaster jacket might give me support and relief, and without the aid of anyone I applied a jacket to myself by standing in the position I was most comfortable (which was perfectly erect). And so soon as the plaster set I could go around without any pain, and I stopped the morphia then and there, which had

got to be considerable, and had no more pain and in less than three months was perfectly well and had gained more than thirty pounds, and used no other remedy than the jacket.

CASE 2.—In December 1883, S. H., aged 19, spare build, came to me suffering intense pain in the lumbar region and down course of both sciatic nerves. At times the pain was so severe that he would shake as though he had an ague chill. He stated that in September of same year while making hay he was helping to put a hay ladder upon the waggon when the one that was helping him let his hold slip and all the weight came on him and he sprained the muscles of his back which grew worse and worse, and as he stated when I first saw him, he did not want to live the way he was, and as he had already passed through the hands of about three doctors, all regulars, I took it for granted they had used all the usual remedies so I thought I would try the plaster jacket and I did with the same happy result, no more pain and a rapid convalescent.—*H. H. McLellan, M.D., in Lancet and Clinic.*

TREATMENT BY SECTION OF HYDROCELE BY THE ANTISEPTIC METHOD.

THE few remarks I make are based upon the results of a considerable number of cases I have treated, both of hospital and in private practice, in the early and later stages of hydrocele, by which latter I mean those which have been repeatedly tapped and in most instances injected. It is hardly necessary to take up space by instancing the individual cases. It is certainly time that the old-fashioned method of tapping and the supposed radical cure by continuous injection was done away with, as painful, dilatory, and generally useless. I claim no originality whatever in this treatment. I desire to call the attention of practitioners to the fact that they should invariably adopt the method of free incision with strict antiseptic precautions, and I cannot understand why it is not more universally carried out. Every surgeon knows of the method, but, as far as I see, contents himself with adhering to the usual proceedings. There is no danger in it. An anæsthetic can be given, if necessary, the healing is

rapid, the cure almost certain, if not absolutely so. The operation is as follows: The diagnosis of course being established, the scrotum should be shaved, and (if the surgeon thinks necessary) the spray used, the tumour is firmly grasped so as to render the parts as tense as possible. A clean sweep through all the scrotal tissues is then made with the bistoury from the cord to the base, and the fluid escapes. Every bleeding vessel, however small, must be twisted or tied most scrupulously, and the interior of the sac carefully examined for any vessel which may have been wounded or have given way. The cavity should then, not too tensely, be stuffed with either lint soaked in 1 in 40 carbolized oil or gauze, and the upper part of the edges of the wound stitched together, including all tissues—I do not see any advantage in stitching the cut edges of the sac to the sides of the wound,—a small tag of the contents being left out of the most dependent part on the contingency of drainage, a pad of salicylic wool placed over all, and the scrotum supported by a cushion between the thighs. In a couple of days the parts may be dressed (under spray, if thought desirable) and the contents of the sac withdrawn. As a rule considerable contraction of the walls of the sac will have set in, but it is advisable to still introduce the antiseptic material so long as any appreciable cavity exists, and this is generally for about a week in very favourable cases, when it will be found impossible to pass anything into it, and merely the lips of the original wound are left to close. Tubal drainage is, I venture to think, unnecessary. I have not yet met with any untoward constitutional symptoms by adopting this method, which is equally applicable to encysted hydrocele of the cord.—*Edward Bellamy, F.R.C.S., Lancet, July 4.*

SELF-MUTILATION BY AMPUTATION OF THE GENITALS.

Dr. H. D. Bliss gave the history of a case he had seen during the summer in the practice of his friend, Dr. J. H. Taylor, of Mount Holly, N. J. A farmer became affected mentally after the death of his wife. He grieved much at the loss of his wife, and, as the neighbors afterward

said, acted somewhat queer at times, but continued his work as usual. One morning he was found with his scrotum and penis amputated. The reason, as he explained the next day, was that he had felt impelled to do it, for, as he had been the cause of his wife's death, he thought this would be a relief; so, taking a razor, he had taken the entire external genitals in the left hand, pulled them well out and up, and, with one cut of the razor, severed the entire organs. They were afterward found well connected together. He was not discovered for some time, and it was several hours before the medical attendant arrived. The hæmorrhage, which had not been very considerable, had nearly stopped, except a slight welling up around the urethra, probably from the dorsal arteries of the penis. This was slight, but continued troublesome for several days on account of the difficulty of securing the vessels which lay in close contact with the urethra. It could be stopped with *serrefines*, but it would begin again every time a catheter was passed. It was finally stopped by applying compound tincture of benzoin. The cut with the razor had exposed the pyramidalis muscle, and removed the skin over the pubes, making a wound that could scarcely be covered by the palm of the hand. It was at first intended to dress it with carbolized water, but the nurse allowed it to dry so often that a cloth dipped in carbolized oil was kept over the parts, and the man made a good recovery. The penis being put on the stretch at the time of the cut, the urethra retracted about three-fourths of an inch below the surrounding tissue, and there was trouble in keeping it from closing. Catheters of various kinds were tried—silver, rubber, flexible, non-irritant, etc.—but all proved so irritating they had to be discontinued, and some other means resorted to. On December 27th Dr. Taylor made a cut an inch and a-half down the perineum, dissected up the skin, and trimmed the tissue so that the integument could be stitched to the urethra. This was done, and all closed with silver wire, and in one week, as the doctor said, “he had a good working urethra.”—*N. Y. Med. Jour.*

CREMATION IN BUFFALO.—It is announced that a crematory is soon to be built near the cemetery in Buffalo, the incinerating apparatus for which is to be made in Milan, Italy.

REGENERATION OF THE SPLEEN AFTER TOTAL EXTIRPATION IN THE FOX.—Professor Eternod, of Geneva, publishes (*Rev. Med. de la Suisse Romande*), an interesting account of his researches on this point. His results are confirmatory of Tizzoni's. The chief point of interest was that, four months after the spleen had been entirely removed, a nodule of newly formed splenic tissue was found, enclosing in its substance foreign bodies that could only have been introduced through the wound at the time of the operation. The nodule was 13 millimetres long and eight broad; and apart from some embryonic tissue, in microscopic character it was almost identical with the normal spleen. Amongst the other conditions found, the most noteworthy were the new formation of adenoid tissue, especially in the lymphatic glands and in Peyner's patches, and in the transformation of the parenchyma of lymphatic glands into splenic tissue. This last circumstance supports the view held for some time by Professor Eternod, that the spleen is only a vast elaborated lymphatic gland.—*British Medical*.

TREATMENT OF FISSURED NIPPLES.

BY DR. AD. OLIVIER.

The author, after detailing the history of a case in which various remedies were perseveringly used for six weeks, without avail, to heal the fissures, the case going on to formation of abscess in the first accouchement, and threatening to follow a similar course in the second, though the breasts and nipples had been carefully washed and bathed with cognac from the sixth month of pregnancy, proceeds as follows: Struck by the excellent results obtained by Dr. Pinard, in the Lariboisiere Hospital, by means of boracic acid, we resolved to follow his treatment, and must say that it was very successful. Although the fissures were numerous and deep, at the end of five or six days they were healing, and in fourteen or fifteen days after they began, were completely cured. During all this time nursing continued. As soon as the fissures appear, and one might say even as soon as there was pain in nursing, a folded compress, soaked in boracic acid solution, is applied to the nipple and areola

R Distilled water 200 grammes.
Boracic acid 6 “

The solution can also be used saturated, without inconvenience, 40 per cent.

On the compress is placed a piece of oiled silk; over this, a layer of wadding and a bandage. This acts as a support and gentle compress, preventing suppuration, lymphangitis, and abscess. During two years in Dr. Pinard's service we have seen only one abscess of the breast,—a marvel when one considers the number of cases treated. According to M. Ressein, this treatment greatly lessens the pains felt at the first nursings; this is only true after some days, when cicatrization is in no part accomplished. Happily, thanks to cocaine, we are now able to cause them to disappear completely, and that after the first or second application. But before speaking of this new medicine, we must say that boracic acid favours cicatrization of fissures, and never gives rise to irritation of the skin, or causes toxic symptoms in the child.

Dr. Alphonse Hergott, in an article in the *Annale de Gynecologie*, sums up his experience as follows:

(1) All women suffering from cracked nipples can nurse, without suffering any pain, after bathing the nipple with a 4 per cent. solution of hydrochlorate of cocaine.

(2) That the condition of the fissure is improved, and in those cases where they are superficial, the cocaine has caused the fissure to rapidly disappear.

(3) That cauterization with nitrate of silver, in deep fissures, have been a little painful, probably because they have been practised a little prematurely, and because the solution has not been strong enough.

(4) That the cocaine should be used as soon as the nipples become painful, in order to prevent fissures.

When cocaine is used, care must be taken, before each nursing, to carefully wash the nipple with solution of boracic acid; for though we are as yet ignorant whether cocaine sucked by the child is poisonous or not, this substance, being very bitter, might cause the child to refuse the breast.—*Journal de Medicine de Paris*.

TRANSPLANTATION OF THE EYE OF A RABBIT TO MAN.

At the Society of Biology of Paris, M. Javal read a note from M. Chibret, relating the experiment he had presented before the Academy of Medicine. It was a case of transplantation of the eye of a rabbit to replace the eye of a young girl. The sutures were removed on the fifth day; after the tenth day, the cornea showed evident sensibility. But this did not last, and the eye necrosed. M. Javal laid great stress on the importance of the fact that the sensibility of the cornea lasted several days.—*Journal de Medicine de Paris.* R. Z.

SHORTENING THE ROUND LIGAMENTS.

Dr. Alexander (Liverpool) read a paper on the operation of correcting some uterine displacements by shortening the round ligaments. He said the operation had now been performed in nearly all the prominent cities in the world, and by most operators with more uniform success than generally befel any new operation. He never found any difficulty in finding and drawing out the ligaments. An incision was to be made upwards and outwards from the pubic spine, in the direction of the inguinal canal, for one and a half to two or three inches, according to the fatness of the subject. A considerable thickness of subcutaneous fat was met with, which must be cut through by subsequent incisions, until the pearly glistening tendon of the external oblique muscle was reached. Midway through the fatty tissue an aponeurosis sometimes appeared so firm and smooth that it might cause the operator to think he was deep enough, but he would find no ligaments at this spot. The first stage of the operation consisted simply in cutting down upon the tendon of the external oblique muscle until it appeared clean and shining at the bottom of the wound. The external ring was then found. The finger passed to the bottom of the wound detected the spine and the ring outside. Having isolated the external wound and tied any little vessels, the next step was to

find the end of the ligament. By everting all the structures upwards, the round ligament could be seen, generally at the lowest part, and with the white easily distinguished genital branch of the genito-crural nerve along its anterior surface and close to it. The ligament at this stage was more or less rounded in shape. It was an easily recognized flesh-coloured structure. When the ligament was identified, the small nerve on its surface was to be cut through without dividing any of the ligament. Then gentle traction was to be made, either by the fingers or by broad blunt-pointed forceps. Bands holding it to neighbouring structures were cut through with scissors. As soon as it began to peel out, it was left, and the opposite begun. The final stage of the operation consisted in placing the uterus in position by the sound, and pulling out the ligaments until they were felt to control that position. A curved threaded needle, with the cat-gut, was used to stitch each ligament to both pillars of the ring, and the external abdominal ring was closed without strangulating the ligament as it lay between it. The ends of the ligaments were now cut off, and the remainder stitched into the wound by means of the sutures that close the incision. A fine drainage-tube was inserted, and the wound washed out with carbolic acid or other lotion before these sutures were tied. The after-treatment consisted in rest. The tubes were removed on the second day, when the wound was dressed. The mortality of the operation might be set down as none. Three deaths had occurred, but they were due to preventable causes. As mortality did not seriously enter into any consideration of the results of this operation, the real question at issue was whether it fulfilled the intentions of the operator and satisfied the expectation of the patient. The operation was designed to correct certain uterine displacements, and these alone. Whether the discomfort of the patient would be thereby relieved, entirely depended on whether or not the symptoms were due to the displacement. To secure success, the operation must be properly performed, and the after-treatment must be rational, so that no strain might be placed on the ligaments until sound union had taken place.—*British Medical.*

EFFECT ON OFFSPRING OF CONSANGUINEOUS MARRIAGES.—Dr. Charles F. Withington, of Boston, presented at the recent meeting of the Massachusetts Medical Society, a tabulated report of 108 consanguineous marriages. 413 children were born from 103 couples. Considering as “unhealthy” even those having strabismus, those developing phthisis late in life, those who were below the average in intelligence or bodily vigor, and those who died in infancy, there remained 312 healthy children. There were 12 cases of deaf-mutism, 7 of insanity, 13 of idiocy and 15 of phthisis. In 17 cases one or both of the parents were themselves descended from a consanguineous union. 15 were fertile, producing 68 children, of whom 48 were healthy. The view was announced that the evil results were due to the operation of the ordinary laws of morbid inheritance, and that consanguinity *ipso facto* had no influence either for good or evil.—*N. Y. Med. Journal*.

Therapeutical Notes.

An excellent local application for the local relief of neuralgia and gout is prepared by rubbing up together equal parts of thymol, menthol, camphor, and chloral.

VAPOR AMYL NITRITIS.

R. Amyl nitritis min. viii.
Spts. vini. rect. ʒii.

A teaspoonful in a pint of water at 100° F. For each inhalation, very valuable in some cases of asthma and spasm of the glottis.

A GARGLE FOR CHRONIC PHARYNGITIS.—The *Union Medicale* attributes the following formula to Bamberger:—

Chloride of ammonia. 75 grains.
Honey of roses 750 “
Water 12½ ounces.

To be used several times a day, together with mustard foot-baths, the use of tobacco being prohibited.—*N. Y. Med. Jour.*

AN EXCELLENT COUNTER-IRRITANT.—Dr. Ellwood in *New Eng. Med. Monthly*:—

The following counter-irritant in certain

classes of cases I have found very beneficial
R. Olei tiglii, ʒ j; ether sulph., ʒ ij; tr. iodi., ʒ v. M. S.

This excellent counter-irritant is applicable where it is not necessary to produce too much effect; particularly for children.

IN cases of *impotence*, Prof. Bartholow speaks with confidence of:—

R. Ext. cannabis indicæ gr. x
Ergotin (aq. ex.) ʒ ij
Ext. nucis vomicæ gr. x. ℥.
Ft. pil. No. xx.

SIG.—One, morning and evening.

—*The College and Clinical Record*.

BUBOES.—Taylor recommends the following as an abortive injection for buboes:

R. Cript. carbol. acid. gr. vii.
Distilled water ʒi
Alcohol q. s. to dissolve.

10 to 20 drops are injected deep into the bubo, whether it be specific or inflammatory. According to the author, pain and inflammation rapidly disappear.—*L'Union Medicale*.

A FORMULA FOR RING-WORM.

Dr. Henry Browne gives it to us in the *Brit. Med. Jour.*

R. Sodæ hyposulphitis ʒj.
Solve in aqua fl. ʒ viij.
Et adde acidi hydrochlorici .. fl. ʒj.

For outward use only.

The use of this lotion, as a water-dressing covered with oiled silk, and accompanied by daily washing in soft soap and water, has proved perfectly satisfactory.

Dr. Mulherm, of Detroit, uses the following in asthma, and reports success:

R. Ammonia chloridii ʒiij.
Spts. æth. nitrosii ʒiij.
Syr. ipecacuanhæ ʒj.
Etheris sulphate ʒiij.
Ext. glycyrrhizæ ʒvj.

ʒ i. i. d.

An excellent prescription in asthma and capillary bronchitis.—*Medical Summary*.

HAGER-BRAND'S REMEDY FOR ACUTE CORYZA.

| | |
|-------------------|-------|
| R. Acidi carbolic | 3i. |
| Alcoholis | 3iii. |
| Aquæ ammoniæ fort | 3i. |
| Aquæ distillatæ | 3ii. |

A few drops of this solution are to be sprinkled on the handkerchief, or, more conveniently, some of the solution is placed on the sponge of a pocket inhaler and inhaled through the nose as long as its strength lasts; this is to be repeated every two or three hours.

GLYCERINUM ALUMINIS.—Robert William Walker, Surgeon of the East London Hospital, suggests the above, a new preparation of alum: It is made by dissolving one ounce of alum in five ounces of glycerine by means of gentle heat. It is four times stronger than a saturated watery solution. It can be used wherever a powerful astringent is needed, and is compatible with administrations of iron. In chronic pharyngitis of children it is very efficacious. It can be used as a gargle, injection or lotion.—*Brit. Med. Jour.*

VIBURNUM PRUNIFOLIUM OR BLACK HAW.—

Dr. J. H. Wilson, of London, England, a gentleman of ability, character and experience, says that this remedy has a very salutary effect on women during abortion, or upon those inclined to the abortion habit. He especially commends the malto-viburnum put up by the Maltine Manufacturing Company of New York city. Dr. Hayden's preparation is also well spoken of by many. To Dr. Phares, of Hentonia, Miss., is due the credit for making known this excellent remedy, which is not only of value in abortion, but in other menstrual diseases as well.—*The Medical Summary.*

DERMATITIS VENENATA.—I should like to call the attention of dermatologists, especially at this season of the year, to the results obtained in this class of diseases from the use of Prof. Pick's 5% salicylic acid gelatin. The relief to the burning and itching has been almost immediate, and the disease, in all the cases upon which it was tried last year, disappeared after a few days' application. It would be interest-

ing to hear the experience of others after trying this remedy upon such cases.—*Dr. Morison, in Journal of Cutaneous and Venereal Diseases.*

QUININE IN THE TREATMENT OF PNEUMONIA.

—The sulphate of quinine may be used with advantage in pneumonia in all stages, though certainly the best result may be expected from the early administration of the drug. Combination with salicylate of soda lessens that tendency to sickness often produced by quinine and does not in the least interfere with its action. I never have found it necessary to give adults larger than three-grain doses of quinine under similar circumstances, and, after three doses, have generally reduced the temperature to normal. In all cases of inflammation within the chest, I never fail to blister with cantharides as early and as freely as possible, with the best results.—*James A. Myrtle, M.B., in British Medical.*

THE THERAPEUTIC PROPERTIES OF THYME.—Camperdon concludes a long article on this subject with the following deductions:—

1. In therapeutical doses (three to fifteen grains) the essence of thyme causes mental excitement or stimulation; hence, it is a valuable diffusible stimulant in depression following anæmia, in conditions of collapse, etc.
2. It is an active diaphoretic and diuretic.
3. From its direct action upon mucous surfaces it is to be recommended in catarrhal affections of the respiratory and genito-urinary tracts.
4. It is a prompt hæmonstatic.
5. Thyme possesses powerful antiseptic properties, and it is well adapted for use in surgery.
6. It is recommended that the internal administration of the drug be supplemented by its employment in the form of baths, fumigations, and inhalations.—*Midland Medical Miscellany.*

We would direct the attention of our subscribers to the advertisement of the Smith & Shaw Electric Company, their electric Dumbbells are useful as well as novel.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

To SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Atkins, 40 Queen St. East.*

TORONTO, AUGUST, 1885.

MORTUARY VAULTS.

As a question of public health, the position of mortuary chapels and vaults is worthy of discussion. In our climate there is a period of every year in which interments are practically impossible; in small country cemeteries and church-yards, where interments are comparatively few, it may be possible to open the earth after much toil and labour, but in towns and cities, where interments are more frequent, such procedure is not possible. When a body is laid in the vault in very cold weather it is comparatively safe, but it has many chances to begin to decompose before it can be committed to the earth. It is during this period that it is hurtful. Metallic caskets are frequently used (and, in the case of all infectious diseases, very properly so), still their use is not general in cases where death has occurred from ordinary causes, or the more strictly non-infectious diseases. In such cases, the corpse is laid in the ordinary wooden casket, from which gases are evolved, more or less injurious to health, as decomposition sets in before the interment can be made.

Every fresh funeral brings a new set of persons to the chapel or vault, and persons attending services at such times, and in such places, are exposed to dangers, and perhaps infection, from which they are as well to be free. How far the air of these vaults, especially when they are well filled, may act on the health of the mourners entering them cannot be stated; we can hardly give a decided opinion on their hurtfulness from our own experience.

It is well-known and admitted, that workmen who are exposed to the dangers of sewer-air,

nurses in hospitals, and others, seem to become inoculated and enjoy immunity from diseases to which they are exposed. In our opinion, it would be better to act on the adage that prevention is better than cure, and prevent the mourners and clergy from entering mortuary vaults, leaving it to the regular attendants to place the coffin in its temporary resting-place.

THE INTERNATIONAL MEDICAL CONGRESS.

We have watched with great interest the progress that has been made in completing the arrangements for the International Medical Congress, which is to be held in Washington in 1887. As our readers well remember, the American Medical Association appointed a committee, giving power to the same to invite the medical world to America, and make the necessary arrangements for the meeting. The invitation which was cordially given was accepted in a very friendly spirit, and the committee proceeded with the work it was asked to perform, and accomplished it most admirably, as we thought. The officers and committees were chosen with great care and prudence, truly representative men being placed in the most important positions.

We had supposed that the meeting of the American Medical Association recently assembled at New Orleans would gladly endorse the acts of its committee, and say, Well done! go on and complete the work you have so well commenced. But no, says a narrow clique of agitators, you have left certain States unrepresented, you have neglected the rural districts, and, worse than all, you have ignored a number of us bumptious sore-heads, who are superlatively well qualified for the most responsible positions in the Congress. By some means, a majority of those present were induced to vote for a resolution which practically censured the committee, and added enough new men to govern the organization for the future.

The new committee, including some members of the original committee, met at Chicago, June 24th, and made many changes in accordance with the views expressed at New Orleans. Before these changes were confirmed, Dr. Bil-

lings explained the situation, from the standpoint of the old committee, as follows :

"The invitation was purposely worded as coming from the medical profession of the United States, and not from the Association only, in order that all regular physicians in the country, and, in particular, the various important societies devoted to special branches, such as the Gynæcological, Ophthalmological, Laryngological, etc., and also the societies in our large cities which are specially devoted to scientific work, such as the Academy of Medicine, of New York, the College of Physicians, of Philadelphia, etc., should feel that they were included, and must share the responsibility of providing a proper reception for the Congress."

This broad view of the question was not acceptable to the committee. They had received orders to decapitate, and they decapitated accordingly. We have neither space nor inclination to discuss at length the merits or demerits of the victims or their substitutes. While, in a general way, we may say that the new appointments should, under ordinary circumstances be acceptable, this affords no reason why equally good men should be subjected to such humiliation.

We cannot help thinking that the method of procedure was, in all respects, unmanly, ungenerous, and unjust ; and we sincerely sympathize with that large portion of the respectable body of the profession in the United States, who must feel keenly the humiliating position in which they have been placed. Already this sad business is bearing its bitter fruit. The respectable physicians of grand, conservative old Philadelphia have, in a body, formally declined "to hold any office whatsoever in connection with said Congress, as now proposed to be organized."

We had looked forward to a very pleasant and successful meeting at Washington. The ability, generosity, and hospitality of the physicians and surgeons of the United States are well-known to the whole world. A few weeks ago the prospects for the proposed Congress were exceedingly bright, now a dark cloud overhangs the undertaking, and what the end will be no one can foresee. We would gladly welcome any solution of the serious difficulties which would

bring light out of darkness, but, so far as we can see at present, the prospects are gloomy in the extreme.

CANADIAN MEDICAL ASSOCIATION.

We are much pleased to learn that the prospects for a highly successful meeting of this Association are daily brightening. The General Secretary informs us that already some 15 papers have been promised, a number of which are of more than common interest. A goodly number of our American brethren have kindly consented to attend. In our next number we will give a full list of papers.

The following are the officers of the Canadian Medical Association :

President,—Michael Sullivan, M.D., Professor of Surgery in the Royal College of Physicians and Surgeons, Kingston.

President-elect,—W. Osler, M.D., F.R.C.P.L., Professor of Clinical Medicine, University of Pennsylvania, Philadelphia.

General Secretary,—Dr. James Stewart, Montreal.

Treasurer,—Dr. Charles Sheard, Toronto.

Vice-Presidents, for Ontario,—Dr. Bray, Chatham.

For Quebec,—Dr. Geo. Ross, Montreal.

For New Brunswick,—Dr. Allison, St. John.

For Nova Scotia,—Dr. Fraser, Windsor.

For Manitoba,—Dr. Whiteford, Winnipeg.

Local Secretaries, for Ontario,—Dr. Burt, Paris.

For Quebec,—Dr. Bell, Montreal.

For New Brunswick,—Dr. Walker, St. John.

For Nova Scotia,—Dr. Almon, jr., Halifax.

For Manitoba,—Dr. Mewburn, Winnipeg.

All regular members of the profession, desirous of being present at the Chatham meeting of the Canadian Medical Association, will, on application to Dr. Stewart, Montreal, the General Secretary, be furnished with certificates entitling them to purchase railway tickets at reduced rates.

MEDICAL CHARITIES IN ENGLAND.

England has a large number of magnificent charitable institutions in the shape of hospitals and infirmaries, which are a source of pride to her inhabitants and wonder to visitors from foreign countries. There is, in addition, a systematic plan of affording relief to pauper patients by means of parochial sick asylums, which is entirely under the control of the government. The hospitals and infirmaries to which we refer is under the control of a committee, with a staff of honorary officers, and are supported entirely by voluntary contributions.

We are sorry to learn from a letter of Dr. Milner Fothergill's, in the *Philadelphia Medical Times*, and from other sources, that many of these hospitals are now seriously crippled by the cruel exigencies of hard times. Many of them depend largely on the revenues derived from endowments, furnished by generous donors in the past. These revenues, on account of the depreciation in the value of lands, and reduction of rents, have seriously decreased, and the deficits are not being saved by increased contributions. We are told by Dr. Fothergill that King's College Hospital has almost exhausted its investments. Other hospitals depending on yearly gifts also feel the depression, perhaps even to a greater extent.

Fears are expressed in some quarters that some of the hospitals will become practically bankrupt, and will either be closed, or their usefulness will be seriously impaired. We dislike, however, to take such a gloomy view of the situation. There must be a reaction after such a financial depression as at present exists, and then we hope that moneys will flow into the exchequers of the needy hospitals. We have too much faith in the liberality of the British people to think that they will allow these magnificent institutions to close their doors.

One of the most serious difficulties connected with the question is the fact that large numbers go to these hospitals who are quite able to pay for medical attendance. If some system could be devised by which such patients could be excluded, it is probable that the same amount of relief could be afforded to the deserving poor at a smaller expense to the hospitals, and at the

same time, young physicians struggling for an existence would be the gainers thereby. In any case, our sympathies are with those old institutions which have done so much good in the past, and we hope that in the future their usefulness will not be curtailed.

THE TORONTO SCHOOL OF MEDICINE.

The large attendance at the School last winter showed to the Faculty the actual necessity which existed for "enlarging their borders." After carefully considering the various plans of relief, it was decided to erect a large addition, which will contain a dissecting-room, and physiological and pathological laboratories. The contractors have this work in hand at the present time, and are pushing it vigorously. Extensive alterations are also being made in the old building, which will improve wonderfully the condition of affairs. One of the most important of the new features will be the museum, which will prove worthy of the fine collection of specimens at present stowed away "under the gangway." We must congratulate this institution upon the evidences of increased prosperity, and upon the fact that, as it waxeth old in years, it still retains the vigour and energy which were so well exemplified in its youth.

THE TORONTO HOSPITAL SUMMER SESSION.

We are glad to announce that the recent Summer Session, which closed on Friday, July 9th, was a very successful one. The staff of teachers was composed of members of the two Schools who were connected with the Hospital, and the lectures were all given in the Hospital. This arrangement has proved very satisfactory to the students, and has also been more convenient for the teachers, who were thus enabled to make a better division of the work. We hope that the success which has attended the Summer Session of 1885 will encourage the Faculty to put forth still greater efforts in future years to give a thoroughly practical course to advanced students and young graduates. The Faculty and students are greatly indebted to the kindness and courtesy of the Trustees and

Superintendent of the Hospital, who gave their theatre for lecturing purposes, and placed all the material entirely at the disposal of the clinical teachers.

CONSULTATION WITH IRREGULARS.

We draw attention to a letter, in another part of this number, dealing with this subject. It brings into prominence one of the most important points in the discussion, viz., the use made by the homœopath of a distinctive appellation. When a practitioner has "Homœopathist" put on his door-plate, he not only claims that he practices a new and improved method of treatment, but that all other forms are worse than useless; in fact, in many cases the remedies we employ are simply poisonous. How they can have the assurance to ask for a consultation with a regular practitioner, when such is their creed, is only to be explained on the principle that the man who, at the beginning, could adopt such a heresy, would not afterwards be over-sensitive in his professional dealings with others. As our writer intimates they form a nice party; the regular considers homœopathy to be utter nonsense, while the homœopath thinks that the regular poisons his patients. Still they are very good friends, take their fees, and go away, thinking they have done a very shrewd piece of business. After all, the "fee" is at the bottom of the whole matter.

Meetings of Medical Societies.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

(From our own Correspondent.)

At a meeting of the above Society, held on the 27th of June, Dr. T. Johnson, Vice-President, in the chair,

Dr. William Gardner read a paper on a case of extra-uterine pregnancy, successfully treated by electricity. Mrs. —, aged 38, married 19 years, has had four pregnancies,—all to full term, labours natural, recoveries tedious. Ever since her second labour, 16 years ago, has suffered from symptoms of uterine disease. The last child was born 9½ years ago. Since then uterine symptoms have been worse, and consisted of

pelvic and lumbar pain, bearing down sensations, proper and protracted menstrual periods, and leucorrhœa. The last period, previous to the symptoms to be detailed, occurred about October 1st, 1884. On the 16th of the same month a single complete act of coitus occurred, there having been abstinence for many months previous, and in the interval before patient's illness. From the 16th October no proper menstruation, but slight discharges of bright red blood at irregular intervals. She suffered from distress after food, nausea, and occasional vomiting, and suspected that she was pregnant. On the 20th December Dr. Gurd, of Montreal, was sent for, and found her suffering from sudden intense pelvic and abdominal pain, vomiting, and faintness, amounting to collapse; deadly pallor, weak pulse, normal temperature. Pain principally referred to right iliac region. Next day she seemed worse, and Dr. Gardner saw her in consultation, and on examination found decided tenderness and induration of right iliac region. No general distension of the abdomen. By the vagina the uterus retroverted and prolapsed; the vaginal portion very low, almost at vaginal orifice, slightly softened. The fundus to the left. On right side of and behind uterus a firm mass, closely attached to that organ. The diagnosis was hematocele. Morphia was freely given. She rapidly improved. Two or three weeks later, a similar milder attack. After an interval, a third more severe about the end of January. The tumour on the right of the uterus had increased. Pigmentation of linea alba, areola and follicles about nipple, and, to a less extent, of whole lower abdomen. The sound entered 4 inches; cavity empty. Vaginal portion remarkably soft, and swollen. Anterior lip lying in vaginal orifice. Pulsating vessels at sides of vaginal roof. Extra-uterine foetation was now strongly suspected. Doubtful points were marked hardness, and absence of fluctuation or ballottement of tumour. On the other hand, in a few days distinct bruit de souffle was heard. By the middle of February the tumour extended as high as the anterior superior spine of ilium, and an inch to the left of the middle line, and completely filled the space included within the lines mentioned and ramus of the pubes and crest of

the ilium. It was now decided to use electricity. A strong faradic current, as strong as the patient could bear it, was passed through the mass to the right of the uterus. One pole, terminated by an olive-shaped insulated bulb, was passed into the rectum against the tumour. The other pole was a large wet sponge, applied over the mass in the right iliac region. The current was allowed to flow from 5 to 8 minutes, and repeated daily five or six times. The size, pain and tenderness of the tumour were at first increased, but after the third application the bruit de souffle was stilled. A few days after the cessation of the electricity, the size, pain and tenderness of the tumour was much reduced. Shortly afterwards patient began to have labour-like pains, with moderate bleeding. On the second day of these symptoms, examination showed dilation of the cervix, so that the finger easily reached the fundus and cornua of the uterus, and discovered a decidual membrane being separated. This was peeled off. The bloody discharge continued a few days longer. She now improved so rapidly that towards the end of March, at her urgent request, she was allowed to leave her bed, and go to a couch in the same room. But this was unfortunate, for the tumour now became very painful and tender, the surface over it assuming a blush, and becoming cedematous. Temperature rose to 103° Fah., and altogether her condition caused much anxiety. The question of opening and draining the supposed suppurating sac was seriously considered, but she soon began to improve in every respect, and in a few weeks was able to leave her bed. On the 15th June she was examined. She is still pale and thin, but has fair appetite and digestion. Has menstruated twice and profusely. Slight pain increased by exertion. Bladder irritable. The hypogastric tumour still present, but greatly reduced in size and tenderness. Per vaginam, all evidences point to recession of the mass. The uterus measures 3½ inches, and is much firmer.

Dr. Gardner remarked upon the great interest of the subject, an interest arising out of the supposed rarity of the condition, the difficulty of diagnosis, or, perhaps, rather the rarity with which a diagnosis is made: a tragic and fatal termination alone revealing the true nature of

the case, and the recent successful procedures adopted for its treatment.

Lawson Tait has recently secured some remarkable successes by abdominal section, ligating, and excising the sac and its contents. His operations have, for the most part, been done in patients who were suffering from the symptoms of rupture with impending death. But Thomas, Lusk, Garrijes, and others in the United States, have had equally remarkable successes in averting such an occurrence by an agent so powerful, so manageable, and yet, as all experience shows, so harmless as the faradic electric current, applied as in the case now related, and in many others. It is an agent within the capacity of the merest tyro in medical knowledge. Dr. J. G. Allen, of the United States, is credited with the first cases so treated. To be used to the best advantage it must be applied early before the third month, when rupture of the sac so commonly occurs. The question of diagnosis would, of course, always be most important. This might be difficult, but would rarely be impossible if, in the presence of subjective symptoms, a careful bimanual examination (under ether, if necessary) were made. Dr. Gardner offered the case as a contribution to the literature of the subject, and believed it to be the first case of the kind published in Canada.

THE ONTARIO MEDICAL ASSOCIATION.

(Continued from July number).

AFTERNOON SESSION.

Surgical section.—Dr. W. T. Aikins in the chair.

Dr. Atherton read a paper on Intestinal Obstruction, which we hope to publish in full.

Dr. Moore removed an obstruction of the bowels by introducing his hand and arm into the rectum.

Dr. Burt drew attention to some points in the diagnosis of acute peritonitis, the removal of fecal accumulation by hot water and the use of the aspirator.

Dr. Park discussed the subject, relating some cases.

Dr. Atherton closed the discussion, referring to the objection to the use of the aspirator in cases of paralysis of the intestines, and the possible escape of the fecal matter into the peritoneal cavity.

Dr. Reeve then read a paper on Cocaine.

Dr. Howe, of Buffalo, drew attention to two points: (1) The desirability of obtaining the exact measure of the amount of anæsthesia from the drug and this is found in the effect on the blood pressure as measured by the kymograph. (2) The desirability of noting definitely the reputed ill-effects said to result from the drug. He considered that this drug does the maximum of good with the minimum of evil.

Dr. Palmer supported the remarks of Drs. Reeve and Howe, and congratulated the profession on the important discovery.

Dr. Oldright, of Toronto, exhibited a specimen illustrating an abnormal development of bowel which extended into the umbilical cord and was injured in cutting the cord at the birth of the child.

Dr. Oldright then related a case of diaphragmatic hernia in a child about five years old, probably due to congenital malformation of the muscular structure of the diaphragm. A few days before the illness came on, the child fell heavily on the head from a sofa, which may have been the exciting cause.

Dr. A. H. Wright, of Toronto, then read a paper on the Treatment of Abortion.

Dr. Murray then read a paper on Hæmorrhages after Abortion. A discussion on both papers followed.

Dr. Oldright in the main agreed with the papers, but deprecated too much dependence on the expectant plan of treatment. He thought that after making sure that abortion must proceed, we should at once begin the plan of treatment determined on. If after twenty-four hours' plugging there was no dilatation of the os, he did not hesitate to introduce sea-tangle tents.

Dr. Temple disagreed with Dr. Wright in the extent to which he advocated immediate plugging, and recommended the use of cotton batting soaked in whiskey as a plug. He preferred Barns' dilators to the sea-tangle tents.

Dr. Powell, of Edgar, thought one of the most important points in all cases was to decide

whether abortion is inevitable, and even in such cases nature herself frequently performed the cure. He preferred the expectant plan of treatment. He used the Sims' speculum, and as a tampon preferred candle wick. He never used the tampon more than once, but dilated with sea-tangle tents. The finger was the instrument *par excellence* for the removal of the secundines.

Dr. Edwards, of London, recommended early plugging, if the abortion must go on, with a sponge soaked in alum solution. He strongly advocated a radical plan of treatment, and deprecated the use of tents.

Dr. Henderson, of Kingston, related a case where the fœtus enclosed in the membranes came away intact at the fifth month.

Dr. Aikins recommended the use of the bivalve speculum; if he had not this, a large Ferguson speculum.

Dr. Harrison, of Selkirk, read a paper on Foreign Bodies in the Larynx.

Dr. White, of Toronto, related a couple of cases, showing how easy it was to be deceived in diagnosing such cases, which are sometimes simulated by spasms of the trachea.

Dr. Oldright also spoke of how readily errors of diagnosis are made in such cases, relating one where lodgment of a foreign body caused no cough.

MEDICAL SECTION.

Dr. Graham in the chair.

Dr. Henderson, of Kingston, read a paper on Pulmonary Cavities. He related a case, accompanied by specimen after which he gave an exhaustive resumé of our present knowledge of the pathology of this very fatal disease.

Dr. Brodie, of Detroit, congratulated the reader on the able manner in which he had illustrated his subject.

Dr. MacDonald, of Hamilton, thought that we could not differ very much from the conclusion of the writer, and was interested in the comparison which he drew between tuberculosis and pneumonia.

Dr. Sheard gave the results of his investigation into the pathology of the disease, as well as points in the process of staining.

Dr. Henderson then closed the discussion, referring to the contagiousness of phthisis.

Dr. Graham, of Toronto, read a paper on Mitral Stenosis.

Dr. MacDonald had frequently heard the præsystolic murmur, and thought that there was but little difficulty in diagnosing it.

Dr. Mullin, of Hamilton, related a case which illustrated the difficulty of detecting the murmur in some cases.

Dr. Ovens, of Arkona, read a paper on Trifacial Neuralgia.

The paper was discussed by Drs. McDonald, Barton and Duncan.

Dr. Duncan then read a paper on Warburgh's Tincture, in which he strongly recommended the uses of the formula in ague and intermittent neuralgia.

In the discussion which followed, the general opinion was that the advantage of the mixture over pure quinine was on account of the purgative effects of aloes, which was one ingredient of the compound.

Dr. Arnott read a very instructive paper on Diet in Disease, in which he dwelt on the importance of attending to the diet of patients. He had found the use of albuminoid foods injurious in many cases of asthma.

A discussion followed in which Drs. Ovens, Bethune and Aylesworth took part.

A general meeting of the Association followed, the President in the chair.

The Nominating Committee submitted their report, which was adopted without change. The officers for the ensuing year are as follows:

President, Dr. Tye, Chatham. Vice-Presidents, Dr. Arnott, London; Dr. Temple, Toronto; Dr. Hillary, Aurora; Dr. Henderson, Kingston. General Secretary, Dr. White, Toronto. Corresponding Secretaries, Dr. Adam Wright, Toronto; Dr. Campbell, Seaforth; Dr. Aylesworth, Collingwood, and Dr. Mitchell, Enniskillen.

Toronto to be the next place of meeting.

The following members died during the year: Drs. Willcock, Toronto; Lorne C. Campbell, Port Arthur; O. T. Heartwell, Dunville; John Small, Toronto.

The Special Committee on Temperance submitted the following report in answer to the question by the Ontario Women's Christian Temperance Union:—

1. Is the beverage use of alcoholic liquors by persons in health beneficial? Answer—No.

2. Is the indiscriminate use of alcoholic liquors by persons not in health beneficial. Answer—No.

3. Is alcoholic liquor, as obtained in common sale, necessary in medical prescriptions; if so, in what cases? Answer—No; except in cases of emergency.

4. What ought to be the attitude of the medical profession towards the sale of intoxicants? Answer—The medical profession is opposed to the indiscriminate sale of alcoholic liquors.

Correspondence.

To the Editor of the PRACTITIONER.

CONSULTATION WITH IRREGULARS.

SIR,—The important subject of consultations with irregulars has not been forced upon the attention of the profession through frequent demands on the part of patients for such consultations; nor indeed have they been sought by practitioners of medicine. The regular practitioner does not seek for wisdom of the homœopath or other irregular; it is very seldom that patients express a wish for such consultations, as it is well understood by those who employ regular practitioners, and those who employ homœopaths, that between the two classes of practitioners there is no harmony of ideas. This belief is especially emphasized among those who employ homœopathic practitioners, and these gentlemen, not only by taking a distinctive appellation, but in all possible ways, encourage this belief except on a very few occasions. Hence it follows that in all ordinary cases the homœopathic would prefer to step aside rather than have a regular practitioner consult with him. This is the legitimate result of taking a distinctive appellation, and it is only in very special instances that such a course is not pursued. One of these is where the patient is wealthy, and, not satisfied with the progress of his case, wishes further advice. It may be that there is no other homœopath in the locality who can be consulted, or there may not be one who commands confidence, for it is seldom that in the same locality more than one burning and shining light "of this persuasion" is to be found. In these circumstances the homœopath may avail himself of the assistance of a regular

practitioner "of the old school," rather than be dismissed from attendance upon a patient who pays well. A case of this kind occurred not long ago in a city not 100 miles distant from Toronto; the patient occupied a high position in an important branch of the Christian Church. The general practitioners in the locality do not meet homœopaths in consultation. In a town not very remote from Niagara's roar was found the obliging and "liberal-minded" gentleman of the "old school," one not without reputation in his own locality. In such a case the practitioner with distinctive appellation may not be disposed to emphasize his peculiar principles; and meeting with one of the so-called "liberal-minded practitioners, who rise superior to the prejudices of the old school" when liberal fees are in view, they form a quiet party with results satisfactory to all. The friends are satisfied, the position of the homœopath is assured, and the liberal-minded practitioner gets his reward; he receives his fee, is regarded with complacency by the partizans of homœopathy, and will be sought again under similar circumstances. But what benefit follows to the patient? Is light thrown upon the pathology of the case? Of what use is this except to afford an indication for treatment? And how can there be a profitable discussion as to treatment between two one of whom has views respecting the action of remedies so different from the other that he has heralded it to the world by taking a distinctive name? Perhaps it will be said that there is much which is common to the two systems, but the taking of a distinctive appellation implies that there is a radical difference. If this difference is so unimportant that in a case serious enough to require a consultation it can be ignored with benefit to the patient, it is difficult to discern the reason of a homœopathic school of practitioners, but the homœopaths take the path they have chosen; they are not ostracised, but ostentatiously turn their backs upon the regular profession, proclaiming themselves the possessors of superior light. It is best to let their light shine forth alone, "pure and simple," or simple if not pure. Yours truly,

MEDICUS.

Hamilton, July 10th, 1885.

Book Notices.

Medical Jurisprudence in Divorce.—By CARL H. VON KLEIN, A.M., M.D., Dayton, Ohio. Reprint from the journal of the *American Medical Association*.

Laceration of the Cervix Uteri.—By W. J. SINCLAIR, A.M., M.D., Honorary Physician to the Manchester Southern Hospital for Women and Children. Reprint from the *Medical Chronicle*.

Endometritis Fungosa: Its Pathology, Diagnosis, and Treatment. By JAMES B. HUNTER, M.D., Surgeon to the Woman's Hospital, Professor of Gynæcology in the New York Polyclinic, etc. Reprinted from the *New York Medical Record*.

Fifty cases of Abdominal Section, with Remarks on Laparotomy and Ovariectomy.—Both by JAMES B. HUNTER, M.D., Surgeon to the Woman's Hospital, Professor of Gynæcology in the New York Polyclinic, etc. Both reprinted from the *New York Medical Journal*.

The Wasting Diseases of Infants and Children. By EUSTACE SMITH, M.D., London. Fourth Edition. New York: WM. WOOD & Co. Toronto: WILLIAMSON & Co.

This work is fortunately sufficiently well known to require no extended notice from us. The great importance of the subject treated, the sound judgment exhibited in the directions as to treatment, and the charming style of writing, render it, in our opinion, the most interesting and useful book of the kind that has ever been published. It is the April number of the year's series of Standard Medical Authors.

Medical Journal Addresses.—We have just received from the Illustrated Medical Journal Co., of Detroit, Michigan, several of their PERFORATED, ADHESIVE MEDICAL JOURNAL LABELS. The list includes besides the journals of the United States that are devoted to Medicine, Pharmacy and Hygiene, those of the Provinces of Canada as well. Four complete sets will be mailed postpaid for fifty cents on addressing the publishers above named. They are just what

every physician needs for addressing his reprints for journal notice, and Medical Colleges for addressing their announcements for a similar purpose.

Hay Fever, and its successful treatment by Superficial Alteration of the Nasal Mucous Membrane. By CHARLES E. SAJOURS, M.D. Philadelphia: F. A. Davis, Publisher.

The title indicates clearly the nature of this little work. It is reasonable to suppose that hay asthma may be due to over sensitiveness of the nasal mucous membrane, and the result of treatment in the hands of Dr. Sajours confirms this supposition. It will be a great boon to sufferers from this distressing complaint that at last a mode of treatment has been discovered which is successful in the large majority of cases. The topical applications can be made properly only by those who are skilled in the use of the laryngoscope and rhinoscope. This circumstance is a drawback in the mode of treatment laid down.

On some Common Injuries to Limbs, their Treatment and After-Treatment, including Bone-setting (so called). By EDWARD COTTERELL, M.R.C.S. Eng., L.R.C.P. London. London: H. K. Lewis, 136 Gower St., 1885.

This is a modest little volume of 100 pages, treating of many common injuries that often, from their trifling character at first, give rise eventually to considerable trouble, and often fall into the hands of quacks. Such are lawn-tennis elbow, lawn-tennis arm, stone-breaker's arm, stone-mason's thumb, sprains of the thumb, dislocations of various tendons, rider's sprain, sprained knee, rupture of plantaris tendon (lawn tennis knee). Various fractures are also briefly discussed. The book is well printed in clear type and good paper, and well bound, an exception to English medical works. It will repay perusal. What bone-setters have taught us, and the harm that they do, are two useful chapters.

A Treatise on Abdominal Palpation, as applied to Obstetrics and Version by External Manipulations. By A. PINARD, Associate Professor in the Faculty of Medicine of Paris, etc. Translated by L. E. Neale, M.D., Demonstrator of Obstetrics, University of Maryland. New York: J. H. Vail & Co.

We gladly welcome the appearance of this book, which treats of a very important subject, although sufficient attention has not been paid to it in this country. Dr. Pinard, in this work, teaches the methods of diagnosis by palpation, shows how easy the diagnosis is arrived at when we go about it systematically, and points out the great practical utility in cases of abnormal presentations which can be corrected by external manipulations. As we are unable to get any full explanations of these methods in our textbooks, this work should be in the hands of all general practitioners. The printer has done his work unusually well, the plates are good, the author's style is plain and clear,—in short, the treatise is, in all respects, an admirable one.

The Oleates. An investigation into their nature and action. By JOHN V. SHOEMAKER, A.M., M.D. F. A. Davis, Philadelphia, Publisher.

The "Oleates" have now arrived at a new phase in their existence. They were first paraded before astonished classes of medical students; they were secondly presented to innumerable city and county societies; thirdly, they did valiant service for the author of their being before the great American Medical Association. With such a record at home it was only necessary and proper that they should enjoy the advantages of foreign travel. We first heard of their appearing before the medical societies of the great metropolis of the world. They then crossed the Irish Channel and were presented to the wondering gaze of the members of the British Medical Association, at Belfast. There crowded houses greeted their appearance, and their progenitor was pointed to even on the streets as the distinguished American doctor. They had not however, reached the zenith of their greatness. Nothing less would satisfy their ambitious parent than that they should be presented at Court. Accordingly, to Copenhagen they pursued their triumphal course, and in that royal city enjoyed the society of kings and princes. After such a campaign they now become the property of the nation so honoured as to have given them birth, and take their place in the literature of their country.

It is very doubtful if in this nineteenth century of wonderful achievements there has ever been such a marked example of "a very great cry over a very little wool indeed."

Personal.

Dr. J. D. Courtenay has commenced practice in Morriston.

Dr. D. Pool is now in practice at Markham.

Dr. J. G. Sutherland has located in Paris.

Dr. W. Outhbertson, of Whitby has entered into partnership with Dr. Warren, of Brooklin.

Dr. Nattress has returned from the North-West.

Surgeons Ryerson, Leslie, and Strange returned to Toronto, with the troops on the 23rd.

Dr. F. W. Cane has been appointed assistant physician to the Hamilton Asylum for the Insane.

Dr. J. M. Wallace, of Hamilton, has been summoned to act as an expert witness in the case of Louis Riel.

Obituaries.

Dr. H. T. Corbett, who left Ottawa shortly after the breaking out of the rebellion in the Northwest, died in Winnipeg early in July.

Mrs. Covernton, wife of Dr. Charles Covernton, of Toronto, died July 4th. She had been ill for some time, but her death was sudden and unexpected.

Miscellaneous.

The McIntosh Galvanic and Faradic Battery Company, of Chicago, were awarded a gold medal at the New Orleans Exposition.

Leonard's Illustrated Journal speaks in terms of high praise of the Electro-Medical apparatuses made by the Jerome Kidder Manufacturing Company, of New York.

HOW TO AVOID NIGHT CALLS.—A story is going the rounds (who started it we do not know) at the expense of the young physician who is always so busy that he doesn't know what to do. "I have got more business than I can attend to," boasted he to an old practitioner

who knew he lied. "I had to get out of bed five times last night." "Why don't you buy some insect powder?" quietly asked the old doctor.—*Medical Age*.

THE DIVISIONS OF HOMEOPATHY.—Judging from expressions in the various homeopathic journals, the homeopaths of the country are more or less strictly divided into three sects. One represents uncompromising Hahnemannism, and its special organization is the International Hahnemannian Association; the second is homeopathy tinctured with rational medicine, and is represented by the American Institute of Homeopathy; the third class includes the so-called "liberals," who believe in the value and soundness of certain homeopathic principles and artistic methods, but who repudiate dogmatic medicine, and advocate giving up the title "homœopath."—*Columbus Med. Jour.*

An exchange says Koch's "comma bacillus" appears to be having a hard time of it among the experts. First, Dr. Klein showed his contempt of it by swallowing it, and now Dr. Lancaster has the unkindness to say: First, it is not comma-shaped; second, it is not a bacillus; third, it does not always occur in the intestines of cholera patients; and fourth, there is no good evidence that inoculation with it produces cholera. In fact the poor thing appears to be about annihilated by its critics. Cholera, though, will remain undisturbed by it, and relentlessly claim its thousands of victims as heretofore.—*Med. and Surg. Reporter*.

The amalgamation of the Detroit Medical College and the Michigan College of Medicine seems now to be an assured fact. The enabling Act has passed both branches of the Legislature and received the Governor's signature, and a joint committee has finished its task of taking an inventory of the assets of each of the institutions. Unless some unforeseen complication should arise, there will be but a single medical school in this city for some years at least. 'Tis a consummation devoutly to be wished, and we trust the opportunity may be seized to make the new college first-class in every essential particular.—*Med. Age*.

THE FACULTY OF IDLENESS.

Mr. Ernest Hart, the editor of the *Brit. Med. Jour.*, thus writes to his journal from Malta, where he has stopped on a sea-voyage :

A letter from ship-board can but be a vain thing, reflecting the idleness to which it is the first function of "a holiday at sea" to minister. Of such a state, there are many who can think only with pity, some only with disdain. To be shut up on ship-board is captivity ; but, perhaps, one which holiday-hopes and a catholic appetite render the most delightful of prisons, the least suggestive of walls and bars. Boswell said to Dr. Johnson, "We grow weary when idle;" and the laborious lexicographer replied to the effect that "that is because, others being busy, we want company ; but, were they also idle, there would be no weariness ; we should all entertain one another."

That is a vivid picture of life on board-ship on a cruise on summer seas. The faculty of idleness is, in my conviction, one which busy men do well to cherish and cultivate. "To possess the soul in peace" is a means of physical and intellectual health, and an aid to the development of wholesome individuality. To be happily idle is a duty much disregarded, a capacity probably insufficiently esteemed, and a factor which physicians may wisely introduce systematically into their own lives, and prescribe for their patients. Undeviating devotion to what a man calls his business is commonly rated as a part of wisdom and virtue ; but, if this be true, it is also only half true ; and I am inclined to agree with Robert Louis Stevenson, who, in one of his charming essays, asks whether this undeviating devotion is not inevitably apt to be sustained only by undeviating neglect of many other things ; and, again, whether it is at all certain that a man's "business" is the most important thing he has to do.

At any rate, in every man's life, there arrive seasons when it is well that he should step aside from the hustling crowd and struggling combat, to breathe a quiet air, dwell in other regions of thought, and understand, by inner experience, that in life there is a duty "to be," not at all less than a duty "to do." When physical infirmities accentuate this call, it need not be altogether regarded as a misfortune ; and the imper-

ative message to go South, or to dive into the far East, which wintry winds and chilly fogs bring to some of us, might well, perhaps, be more widely received and extensively obeyed. —*Med. Surg. Reporter.*

AN ERROR OF DIAGNOSIS.—Some years ago, we had the pleasure of hearing the following instructive anecdote of professional experience, from the lips of Marion Sims :

A Parisian lady of social prominence consulted Nelaton and Maisonneuve in regard to a tumour of the breast. The two distinguished surgeons agreed that the new growth was cancerous, and both advocated immediate removal. Nelaton advised the knife, while Maisonneuve expressed a preference for his caustic arrows. They called in Dr. Sims. He, after confirming the diagnosis, agreed with Nelaton as to the method of removal. The patient, however, was disgusted at the disagreement of the physicians, and decided to have nothing done. Years after, when Nelaton and Maisonneuve were both dead, Dr. Sims met the husband of the former patient on the streets of Paris. After a little conversation Dr. Sims was asked to call, the invitation being accompanied by the remark : "My wife would be delighted to see you." Dr. Sims called and found, instead of a second wife, whose existence he had taken for granted, his old patient, who was nearly as blooming and charming as ever. The "cancer" had disappeared.

When the leaders in the most exact branch of medicine make such mistakes and acknowledge them, who of us can pretend to be absolutely sure of a diagnosis ? If General Grant's physicians have made a wrong diagnosis, as the omniscient newspaper editors assure their readers, we shall esteem those physicians none the less ; they are men whose reputations are too firmly established to be destroyed by a single mistake. In the meantime everything points to the correctness of their diagnosis.

The brave General on his sick-bed has paid as little attention to the advice of the gentlemen of the daily press as he used to do on the battle-field. The physicians have shown equal good sense in not replying to the abusive criticisms that are heaped on them. The newspapers are the natural allies of quacks and charlatans, who furnish them with a good proportion of their advertising, and it is an acceptable task for them to attempt to destroy the reputation of a respectable practitioner of medicine.—*N. W. Lancet.*

med
c

FEB 15 1944
257
UNIVERSITY OF TORONTO

THE
Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS AND PROPRIETORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

SUBSCRIPTION, \$3 PER ANNUM.

Literary Communications may be addressed to any of the Editors. All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 40 Queen Street East.

TORONTO, SEPTEMBER, 1885.

Original Communications.

PLACENTA PREVIA.

BY E. G. EDWARDS, M.D., LONDON.

(Read at Meeting of Ontario Medical Association.)

Unavoidable hemorrhage is admitted, I believe, by all to be due to the attachment of the placenta over part, or all, of the os uteri, partial detachment of the same causing the hemorrhage.

Accidental hemorrhage, on the other hand, occurs from placental detachment of a normally situated placenta.

I have met with seven complete cases of placenta previa extending over a practice of thirty years. Out of these seven cases I will dismiss one very summarily, that case having been my own sister:—

I was sent for a distance of about twenty-five miles to see her, but on my arrival she was dead. The doctor who was in attendance had not succeeded in arresting the hemorrhage, from which she died undelivered, near the full term of gestation.

Of the remaining six cases all the mothers recovered. Two of the children were born alive and four dead.

CASE I. Fourth labor; called a distance of six miles to this case. On my arrival, learned that she had had previous floodings within a short time of each other. The doctor who was called at those times could not be found in this instance. Examination revealed placenta covering the os. I separated the placenta as

far as I could from around the os with my index finger. In doing so, succeeded in getting it completely detached from the os. As the os was very dilatable I succeeded in making a diagnosis of head presentation, and, as labor was in progress, I gave ergot and ruptured the membranes. Child soon born alive by natural uterine efforts; mother made a good recovery.

CASE II. Was called upon about 6 p.m. by husband, who told me that his wife had a severe flooding without any known cause, and without any pain. He said that she was in the family-way about, he thought, eight months with first child. Owing to another engagement preventing my going immediately, I instructed him to hurry home and place her in the recumbent position, and keep her head low, and give her cool drinks, and to report at once if the hemorrhage continued. About six hours after he returned, saying, "My wife is bleeding to death," and to hurry as quickly as possible. Upon reaching her, she was truly in a most dangerous condition from loss of blood—pulse almost imperceptible—in short, she appeared dying. Having lowered her head still more, opened the door and windows, then gave 20 drops of laudanum in a little hot water and whiskey. On examination found placenta completely covering the os. I immediately cleaned out the vagina from clots and then plugged. Ordered hot milk and chicken tea to be speedily prepared and given. After she had somewhat rallied, gave her $2\frac{1}{2}$ grains of opium. I did this in consequence of great restlessness and irregular uterine pains, she being, as I

thought, too weak to deliver. The opium caused her to sleep between four and five hours, and quieted pains.

At the end of this time the pains again commenced, and being sufficiently rallied I removed the plug, introduced the hand into the vagina, separated the placenta on one side, then cautiously introduced the hand into the uterus, found a foot, turned, and delivered; but the child was dead, and the mother was almost in *articulo mortis*.

The after-birth came directly away, but the uterus would not contract properly, and ergot seemed to have no effect. After rallying a little, post-partum hemorrhage commenced. I then gave her $\frac{3j}{4}$ of sugar of lead, and half a grain of opium in two tablespoonfuls of vinegar, and some water. I kneaded the uterus, applied cold, etc. In about fifteen minutes she vomited; then the uterus contracted firmly, and the woman made a slow recovery, after wading through phlegmasia dolens.

I may here state that I consider vomiting of great service in floodings, and it may be speedily induced by pushing the finger down the throat.

CASE III. Called to a case of hemorrhage near the full term of gestation. On examination found I had a case of placenta previa completely covering the os.

Treatment.—As it was head presentation, I separated the placenta from the os as far as I could reach, and as my finger is long I completely detached it from one side; then gave ergot, as there was some pain, waited a few minutes and ruptured the membrane. The child was born alive, unaided by artificial means. The mother made a rapid and complete recovery.

CASE IV. In this case severe flooding had taken place twice, both of which had ceased before my arrival. Not so with the third flooding, as I found her still flowing, having lost a large amount of blood. Considering her too weak to deliver, and the placenta completely covering the os, I gave stimulants, plugged, and waited, ordering hot milk and chicken tea to be given frequently, then left, leaving orders to notify me should any unusual change take place. In about three hours I returned and found her rallied, as I thought,

sufficiently to deliver. I then removed the plug, separated the placenta as far as I could with my finger, gave ergot, and ruptured the membranes, believing it was head presentation. The placenta, being completely detached, was thrown off; then, on making another examination, to my disgust discovered a cross birth, which necessitated turning the child and delivering by the feet, which was done. The child was dead. The mother made a good recovery.

This case gave me a great deal of uneasiness, as I had my misgivings respecting the treatment which I adopted, which were not in the least soothed by a brother practitioner to whom I related the whole case shortly afterwards. My misgivings were due to two causes:—

Firstly.—Had I diagnosed cross-presentation in time, I would have turned either by external and internal manipulation, and before rupturing the membranes, if possible, or by introducing the hand into the uterus.

Secondly.—Had I done so the child's chances would have been better.

I may here state that as soon as the after-birth was completely detached and removed, although the child was unborn, there was no further hemorrhage.

CASE V. In this case I was called to assist another doctor, as his patient had lost a great deal of blood; and pains still continuing, and having diagnosed head presentation, I advised detaching the placenta from the os as far as possible, to give ergot and rupture the membranes, which was done. Natural efforts of the uterus, unaided, expelled both child and placenta. Child was dead. Mother made a good recovery.

CASE VI. AND LAST. Mrs. McC., residing on the border of London East, in London township; age 39 years; tall, thin, dark complexion; third confinement. Her husband came to my office on the 5th March, 1883, and said that his wife had lost a great deal of blood that morning, while sitting on the chamber making water, and without any pain or known cause. He thought she was within two weeks or a month of her confinement. Upon further enquiry I learned that he had placed her in bed and that the bleeding had ceased. I did

not then visit her, but explained to him the nature of what I believed the case to be, and warned him not to have her left alone. Ten days from that time he came a second time and said, "Doctor, come with me as quickly as you can. I fear my wife is dead, as she has flooded a vessel full and fainted." Reaching her as quickly as possible, her case really appeared hopeless, and there was a chamberful of red clotted blood. I pursued the usual treatment, such as head placed low, abundance of fresh air, and, she being just able to swallow, I gave her hot whiskey, milk, and a stimulating dose of laudanum. The examination revealed placenta completely covering the os. As I considered that she was too weak to deliver, I immediately plugged; then applied warmth to the body; and upon leaving her, ordered hot milk and chicken tea to be given often, likewise leaving two grains of opium to be given should she become uneasy or restless, telling them I would return in six hours unless sent for sooner. About five hours after a messenger came, saying I was wanted immediately, as Mrs. McC. was flooding again.

I asked the messenger to call upon Dr. McArthur and have him go with him, as I might require assistance. Finding that she had rallied the doctor agreed with me that the sooner we delivered her the better. Having removed the plug, we diagnosed head presentation. I then, after giving ergot, separated the placenta with my finger all around the os. Upon doing so, it became detached from one side, falling into the vagina. I then seized this detached portion with my fingers and pressed it against the opposite side. After a little, the pains returning, I ruptured the membranes, holding the placenta with my fingers to the opposite side until the head stopped by pressure all bleeding. The child was delivered dead by the natural efforts, and the mother made a good recovery.

In conclusion, to sum up. Judging from my own experience, coupled with what I have read and heard respecting the treatment of placenta previa, my own views are the following: That after one severe flooding the sooner you deliver the better, more especially if there are labor pains. In five out of six cases there were more

floodings than one. I recommend, when head presents, to separate the placenta from os uteri all around as far as you can reach, if labor has commenced. Then, if possible, detach the placenta on one side completely, so as to allow you to reach the membranes and rupture, to give ergot by the mouth or ergotine by hypodermic injections, and use a little pressure over uterus externally. In most cases as the water discharges the head descends, thereby plugging, by pressure on the placenta, so thoroughly as to check the hemorrhage. I am in the habit of emptying the bladder by a catheter and having forceps on hand, and a roller bandage around the abdomen in order to give external support if required, and holding a plug against the os with my hand if the flooding is severe. I had no occasion to use forceps in any case of placenta previa so far.

Respecting turning, I should, in cross birth, carefully try to turn by manipulation by finger in the vagina and external assistance.

I might here state that I have thus succeeded in cross births, lowering the shoulders, raising the hips and so bringing the head, feet, or breech down. I see no reason why we should not try, especially in cross-births, in cases of placenta previa. I have notice in the December number of the *Canada Lancet* an article on combined version in placenta previa.

My advice is never to introduce the hand through the placenta and thereby gain entrance into the uterus for the purpose of turning, for thereby violence is sure to follow. In fact I am not an advocate for turning by introducing the hand into the uterus under any circumstances, unless all other means fail; as I consider that procedure very injurious to the mother and very apt to be followed by shock or by inflammatory action of some kind. Possibly in some cases no other mode is practicable, and it must then be had recourse to. Respecting plugging, I have always succeeded in arresting hemorrhage by this means, giving thereby safety and time. It likewise stimulates the uterus, and the os is found more dilated. I would not give ergot unless I knew the bladder was empty, the parts proportionable, the os dilatable, and instruments at hand. Flooding nearly always relaxes the os. My rule in giv-

ing ergot is first to make sure of head, feet or breech presentation, with some pain, and in cases in which I have decided to deliver at once. Ergot would only increase the mischief in placenta previa, unless it was given to assist your efforts at the time of expulsion of the child.

Respecting hot drinks, I am aware that cool or cold drinks are generally recommended in cases of flooding. I do not, however, believe in giving cold drinks in shock or great depression. Opium, in small doses, as a stimulant, I hold very valuable in floodings, and large doses in the cases requiring the plug, to give rest and sleep when time for rallying is necessary.

I once dreaded placenta previa cases as amongst the most dangerous in midwifery; I now look upon them as being very manageable, unless there should be an excessive loss of blood before we see the patient, and even then, in most cases, we can stop the pains by larger doses of opium, plug, then wait until the patient rallies, then deliver.

I am, as before stated, of the opinion, if there has been great loss of blood, that the sooner you deliver the better, provided the hemorrhage continues, and there is pain, and the patient not too weak; but you should not introduce the hand into the uterus if you can possibly avoid doing so, always giving an anæsthetic when you do. I put emphasis on this latter—*anæsthetic* (ether or chloroform). My practice and advice is, in all severe midwifery operations, to give one or the other. My reasons for thus advising are:

1st. It is humane and prevents unnecessary suffering.

2nd. By its use depression and shock are lessened, if not prevented altogether.

Allow me here to say that I, at anyrate, have not, neither do I intend adhering to the old traditional theories and procedures respecting the use of anæsthetics in midwifery.

In conclusion, following up turning in cases of placenta previa, the only argument I can conceive justifying it when the head presents is the speedy delivery of the child in order to save its life. But how often will we be disappointed in this, as it is well known where some floodings have taken place the child is usually

born dead. To compensate for that, by plugging and waiting the shock of introducing the hand into the uterus will be avoided and the maternal parts not injured. I believe the time is not far distant when turning, by introducing the hand into the uterus, will be the exception, not the rule as at present.

I have adopted a procedure of my own, viz., when called to a case of placenta previa near the end of pregnancy, when flooding is in progress, with the pains continuing, and the patient not too weak or exhausted, to separate as much of the placenta as I can on one side, detaching a portion of it completely from one side, bringing it down into the vagina; and if the os is not well dilated, and the pain continuing, to squeeze the detached portion between my fingers, or to press it firmly against the opposite side until the os dilates; then I give ergot and rupture the membranes, still pressing the detached portion of the placenta until the head descends sufficiently to check the hemorrhage.

FOUR OVARIOTOMIES, AND ONE LAPAROTOMY.

BY F. R. ECCLES, M.D., F.R.C.S. ED., M.R.C.S. ENG.,
F.O.S. LONDON.

(Continued.)

The incision was four, enlarged to six inches. There was no pedicle—what appeared at first to be a broad thick pedicle was simply the uterus, and the tumour a prolongation or outgrowth from it, and engaging the right ovary. One part of the tumour was thought to fluctuate, and was tapped with a small-sized ovarian trocar. Blood exuded freely, and the hemorrhage soon became so alarming that I immediately threw the ecraseur wire around the tumour and rapidly tightened it, which procedure controlled the hemorrhage. By the use of the pedicle forceps, and several pairs of Spencer Wells' compression forceps, I engaged the whole connection, and then relaxed the ecraseur to ascertain if the forceps would control the hemorrhage, which they effectually did. I then separated the tumour with the long handled scissors—cutting through the right angle of the fundus uteri, and removing with the tumour the

right fallopian tube and right ovary. The uterine tissue (close to the forceps) was transfixed twice with a large needle armed with a very large double silk thread,—thus making four segments. Each ligature was then firmly tied as the forceps were removed, the stump was sponged dry, and the remainder of the uterus examined and found healthy. The left ovary was then examined, and it was found that in the haste to control the hemorrhage, in throwing the ecraseur wire around the tumour the left ovary was engaged and its connections injured. Fearing some untoward event as a result of this, I removed it after ligating.

As there had been some considerable escape of blood into the peritoneal cavity, I was extremely anxious that there should be a thorough cleansing. Quite 20 minutes was spent in clearing this cavity of all blood; and not until the sponge came out quite clean were our efforts relaxed. Before the adjustment of the bowels, the stump was again examined and found dry.

Nine deep stitches closed the abdominal wound. Between the lower two a long glass drainage-tube was inserted, passing down to the bottom of the *cul de sac*. This was done because I feared there might be some necrosis of the stump, on account of the large amount of tissue that was strangulated by the ligatures; and it was doubtful whether so broad a stump would tack itself on to the peritoneum, and imbibe enough nourishment for its vitality. The further history of the case proves the correctness of this procedure, and the fatality that would certainly have resulted had no tube been introduced. The wound was dressed antiseptically—dry absorbent pads being used, as in the former cases. Gas and lamp light were needed to complete the operation, which lasted nearly 2 hours. Enema of 20 min. of tincture of opium was administered and patient put to bed, prepared as mentioned in August number. Catheter to be passed every 6 hours, and nothing allowed but occasional sips of ice water or iced champagne for 24 hours after the operation.

21st, 5 a.m.—Patient has had several naps—very little nausea. Temperature 99°, pulse 112. 11 a.m.—temperature 98½°, pulse 106. 11.30

p.m.—temperature 100½°, pulse 100. Enema of 20 min. of tincture of opium.

22nd, 6.30 a.m.—Temperature 99½°, pulse 96. 9.30 p.m.—Temperature 101½°, pulse 106. One drop of Fleming's tincture of aconite every hour, until temperature and pulse below 100.

23rd, 5 a.m.—Temperature 99½°, pulse 86. Pumped out 1 oz. of foetid serum and a few blood clots through the glass drainage-tube. I then thoroughly washed out Douglass' *cul de sac* through the drainage-tube, until the water came out clear and devoid of any foetor. 11 a.m.—Temperature 99½°, pulse 104. Patient says she feels comfortable—now taking milk and barley water.

24th, 8 a.m.—Temperature 99°, pulse 84. Some discomfort from distension. A large male catheter passed up the rectum and allowed to remain three hours. Flatus frequently passed out through it, and much relief afforded. 8 p.m.—Temperature 99½°, pulse 84. Half an ounce of very foetid serum withdrawn. The pelvic cavity to be washed out through the drainage tube with carbolyzed water every 8 hours.

25th, 8 a.m.—Temperature 99°, pulse 114. Considerable distress from bloating, and tube again passed up the rectum. The gas passed away so rapidly as to be distinctly audible at the opposite side of the room. 8 p.m.—Temperature 99½°, pulse 114. Foetid serum, looking more like pus.

26th, 2 a.m.—Very restless; enema of 20 mins. 4 a.m.—Vomited; foetid purulent discharge drawn out through drainage-tube; the stump no doubt the cause. The strength of carbolic water increased from 1¼ to 2½ per cent. In the afternoon the distension became enormous, with tendency to vomit. Rectal tube again passed with great relief. Fearing that considerable of the flatulency was due to more or less intestinal indigestion, I ordered B. T. injections, 1 oz. every hour, and nothing whatever by the stomach for 12 hours.

27th, 6.20 a.m.—Stomach better and bloating less. A little iced milk allowed. B. T. injections every 2 hours. Temperature 98°, pulse 106.

I need not continue to narrate the further daily records, but simply state that 2 or 3 drs. of

fœtid pus was drawn out daily, and occasionally a few drops would well up at the side of the drainage-tube, which prevented primary union at that point. Still, by the frequent washings out through the drainage-tube, and the dusting of iodoform on the abdomen around the tube, the temperature never rose above 99°, and the patient continued daily to improve. That although the stump was septic, there were no symptoms of septicæmia affecting the general system. This condition must be largely attributed to the frequent washing out of the pelvic cavity with the 2½ per cent. solution of carbolic acid. In order that it could be as effectually carried out in my absence as in my presence, I extemporized a fountain syringe, using a gallon tin pail with a metal tube at the bottom, to which five or six feet of rubber tubing was attached, the distal end of which slipped over a small silver tube 6 inches long. Through a cork, which accurately fitted the Keith drainage-tube, this silver tube was carried down to the bottom of Douglass' *cul de sac*. This sufficed to carry the carbolized water into the pelvic cavity, whilst a short glass tube, passing just through the cork, and to which a few feet of rubber tubing was attached, served the purpose of carrying away the carbolized water as fast as it entered through the silver tube, and with it the pus and debris, into a vessel at the side of the bed. By raising the pail some 3 or 4 feet higher than the mouth of the drainage-tube, a continuous stream of warm carbolized water douched the pelvic cavity and stump. This was continued three or four times daily for several days, and latterly once daily.

29th.—The nurse informed me that there had been a fœtid discharge from the vagina—doubtless pus—from the line of ligature through the angle of the uterine cavity. Later on I confirmed my suspicions by examining her with the speculum and finding the pus coming through the os. The vagina syringed out with carbolic water twice daily.

30th.—All the sutures removed except the last two, between which was the drainage-tube, and the union was complete down to within an inch of the tube, and here granulation was going on. Bowels moved freely and unaided.

From this date there was no interruption to

the complete recovery, and were it not that the glass drainage-tube had to remain in three weeks, and a small rubber one a further three weeks, she could have returned in twenty days. The pulse and temperature were normal, appetite and digestion good, bowels regular, and seven or eight hours of sleep daily without any hypnotic.

But the large glass drainage-tube saved her life, by keeping the septic influence local. Around the drainage-tube a complete membrane was formed, which extended down to Douglass' *cul de sac*—so that after the removal of the last inch of the rubber drainage-tube, I could pass a probe down to the bottom of the pelvic cavity. From several letters after her return home I learned from Dr. Crawford that there was a slight discharge, as from a sinus. On the 18th of April she came up to London, and I injected the sinus with Churchill's tincture of iodine, producing closure. A letter in May states that there has been no discharge since.

The tumour weighed 6½ lbs., and upon examination was found to be largely composed of the fibrous element. On one side there was fully one-half inch of muscular tissue cut through before coming to the dense fibrous tissue. It was not irregular or nodular, and formed almost a perfect sphere.

CASE IV. Miss B—, age 17, residing in the County of Elgin; widow's daughter; was first seen by me in May, 1884, in consultation with Dr. Clark, and following notes made:—

Early in May, 1883, she first noticed a swelling in the left and lower abdominal region—then about the size of a small cocoa-nut. Dr. Clark, who saw her at this time, thought that it had been growing for a year. She said the growth was gradual and continuous from the first time she discovered it; that it rarely, if ever, gave her pain, and that it was always hard.

Father died of phthisis, and mother has curvature of the spine—Potts' disease.

The patient about 4 ft. 4 in. high, somewhat emaciated, but of a round figure; of a melancholy expression; the skin tawny, dry, and very rough—*unusually so across the abdomen*, which was considerably distended with a firm, unyielding, and somewhat uneven tumour, which

extended from the pubes to the *scrobiculus cordis*, and which moved but very slightly on manipulation. No fluctuation or impulse; no tenderness on pressure; no marked dilated veins; no sounds on auscultation, but dulness on percussion all over the swelling. Resonance over right lumbar region—mammary areolæ of the unimpregnated. On examination, per vaginam, the tumour could barely be reached it was up out of the pelvic cavity. The cervix uteri was far back, and sound passed $2\frac{1}{4}$ in. The movement of sound *in utero* did not appear to be communicated to the tumour.

Catamenia first appeared at 14; always scanty and irregular; no dysmenorrhœa; no leucorrhœa.

There was a history of constipation for some time, but not obstinate. The appetite and digestion were hardly ever normal; sleeps poorly; has occasional attacks of neuralgia; pulse 90, small and weak; temperature normal.

Urine scanty, acid; specific gravity, 1022; no albumen.

A diagnosis of dermoid disease of the ovary was made, but on account of the weakness of the patient and the bad family history an operation was not recommended. Tonics and diuretics ordered.

I heard no more from the patient until September 26th, when she and her mother came to London to again consult me about the removal. There had been considerable increase in the size of the tumour since May; and although the kidneys were acting better, still the constitutional debility was but little improved, and I discouraged operative interference, and she returned home.

Early in December she requested her family physician, Dr. Clarke, to call on me and to say that she was anxious that I should operate on her, and that she was quite willing to assume all risks, and that she did not want to die with the tumour in her. I then advised the doctor to have her come up to London for operation, which she did on the 18th of the same month. While she had a careworn and anxious look, there were intervals in which she exhibited a mingled sense of joy and fear, and underlying all a good share of hope.

Her sense of modesty was keen in the ex-

treme, and the possibility of her being an object of curiosity or a subject of remark was painful to her tender sensibilities, and made her intensely desirous that she should be relieved of her burden. She was prepared for operation on the 23rd. Dr. Wilson administered the chloroform with a Junker apparatus, and I was assisted by Drs. Fraser and Clarke. The incision was made in the line of the linea alba, between the umbilicus and the pubes. The peritoneum was divided to the extent of $3\frac{1}{2}$ inches, and the hand passed down between the tumour and the pelvic brim, when it was ascertained that the tumour was not connected with any of the pelvic viscera. However, upon raising the omentum and tracing the connections, it was decided to remove it. The incision was then extended upwards, passing around to the left of the umbilicus. The great omentum was raised, and some adhesions of it and the transverse colon to the tumour had to be ligated and divided. The tumour was then carefully rolled forwards, and, with difficulty, brought out through the abdominal opening. The pedicle forceps clasped its connections, which were then divided by the scissors and ligated immediately beneath the forceps. Little time was spent in examining the bed of the tumour. One was unwilling to prolong an operation which necessarily must produce much shock. It was thought, however, that the point of origin was in either one of the lumbar glands or the psoas muscle. It was in that region, just below the kidney. There was scarcely any hemorrhage, and very little sponging sufficed to cleanse the peritoneal cavity.

The abdominal wound was closed by eleven deep sutures, and antiseptic pads and dressing applied, secured by broad strips of adhesive plaster, around which a warm flannel binder was fitted. The patient made a temporary rally, but died from shock 17 hours after the operation. The tumour, which weighed 7 pounds, was found to be densely fibrous, with quite a number of irregular nodular elevations. Two large pieces of bone, in shape like the malar bone, with a concavity like the lower half of the orbital cavity, were noticed. The bone could only be separated from the dense fibrous or fibro-cartilaginous tissue by the aid of the

knife. It was the presence of the bony outgrowth and the presence of the tumour down to the pelvic brim, and my being able to press the ulnar side of the hand between the brim and the tumour, together with the age of the patient, that misled me. With all the facts now before me, it appears to me that, although not able to make a positive diagnosis, I should have been able to exclude disease of the ovary.

CASE V. The fifth case was that of Mrs. M—, who was 59 years of age, and had been married twice, first in 1845, and to her present husband in 1865; one child, which died at the age of ten months. She resided in London, and was under the care of Dr. Fraser, who recognized a tumour which he believed to be ovarian, and asked me to see the case with him on January 27th, 1885, at which time the following notes were made. Emaciated and somewhat careworn, with a tawny and not fair complexion. The abdomen was largely distended, the skin was smooth, and the temperature normal. There was little or no perspiration, and no oedema of the lower extremities. The girth at umbilical level was 42 inches, and no apparent difference from right and left anterior superior spines to the umbilicus. The tumour was only slightly movable, although there was no history of pains giving rise to adhesions. Fluctuation distinct and impulse carried all over the tumour. Percussion revealed dulness in the median line and resonance at the sides. The action of the kidneys was somewhat interfered with; bladder irritable and urine one pint in 24 hours; acid; specific gravity 1024; no albumen. The finger easily recognized the *tumour* through the vaginal walls, and the *uterus* far back, with a depth of scarcely $2\frac{1}{4}$ inches. The condition of the os and cervix were normal. The catamenia ceased, without any unusual nervous symptoms, at the age of 50. The tongue clean, appetite and digestion not good, great flatulence at times, and the bowels only acting by the aid of laxatives.

The respiratory and circulatory organs were healthy, and there was nothing unusual to note about the nervous system except that she did not sleep well. Her mode of life had always been active, and she suffered from no previous

illnesses except two or three attacks of cystitis many years ago. Early in September last her friends intimated to her that she was growing much larger, and she herself noticed from week to week she had to enlarge her waist-bands. From her first knowledge of any enlargement, the growth was gradual and continuous, and her symptoms referable to the stomach and bladder became more and more troublesome. There was a history of nausea and occasional vomiting, more or less flatulence, and more or less constipation from the beginning of September.

Dr. Fraser's diagnosis was confirmed and an operation recommended. Diuretics, laxatives and stomachics were prescribed. At this juncture Dr. Fraser very kindly turned the case over to me, and by the line of treatment just mentioned she was put in the best possible condition for the operation, which was done on the 11th of March, Drs. Fraser, Wilson, Belton and some senior students assisting me. After the usual anæsthesia and an abdominal incision of 4 inches, a tumour, composed almost entirely of one cyst, and with but slight adhesions, was found. Its contents were evacuated. The pedicle, which was long, was clamped, transfixed and ligated, as in the former cases; the abdominal incision was closed by nine carbolized silk sutures, the usual dry dressing, adhesive straps and flannel binder applied, and a suppository of opium administered.

The patient was a little longer than usual in rallying from the shock. At 7.45 p.m. (four hours after the operation), 8 oz. of urine were withdrawn and enema of 20 min. of tincture of opium given.

March 12, 3 a.m.—Temperature 99.4°, pulse 98; very thirsty; only small sips of iced champagne allowed. 8 p.m.—Temperature 100°, pulse 96.

15th, 8 a.m.—Temperature 98°, pulse 96; bladder irritable; catheter not to be used; lithia prescribed.

16th.—Great irritability from cystitis; hyoscyamus in addition to lithia. 7 p.m.—Temperature 98.8°, pulse 116.

17th, 7 a.m.—Temperature 99°, pulse 116; still great irritability of bladder; washed out with a 5 per cent. solution of hyposulphite of

soda, and ordered suppository of opium, 2 grains every 12 hours.

18th.—Temperature 99°, pulse 116; constantly complaining of bladder, and micturition very frequent; lithia stopped, and dilute nitric acid and hyoscyamus given.

19th.—Removed the upper 7 sutures, where union was complete; one inch at the lower part of the wound was not fully united, and the 2 lower sutures were left.

On the morning of the 20th, while the nurse was napping on the lounge, the patient got up, loosened some of the plasters, and was sitting on the edge of the bed, with her feet on the floor when the nurse awoke. After putting her back to bed, the nurse noticed some oozing of blood from the lower angle of the wound, and immediately telephoned me. Upon examination it was found that nearly the whole wound had opened out and nothing but the peritoneum was intact. A few sutures were put in, iodoform dusted over the wound, and adhesive plasters applied. Whether the patient was crazed with the intense pain in the bladder (which she described as if a red hot iron were run into it), or whether temporarily deranged, on account of the large doses of hyoscyamus, I was unable to make out. She could not offer any explanation of her conduct. I need not give any further details of daily records. Suffice it to say, that the cystitis, despite the washings out of the bladder with hyposulphite of soda, diluted nitric acid, carbolic acid, salicylic acid and other remedies, besides *pareira brava*, *triticum repens*, benzoate of ammonia and balsam copaiba internally, continued to grow daily worse—mucous, muco-purulent, and finally purulent discharge. The only relief was by the free administration of opium, either by enema or suppository. The wound healed slowly, on account of the general irritability produced by the vesical trouble.

Several times after the passage of the double channel catheter for washing out the bladder, that viscus contracted so violently that the foetid pus was ejected some 15 or 20 inches from the mouth of the catheter.

In April, while I was ill, Dr. Wilson kindly attended her, and she then apparently had an attack of septicæmia. The temperature ran

up to 103.5°, and the pulse above 130, and the doctor and I had almost despaired of her life; but in 10 or 12 days she gradually grew better, and the temperature again fell to 99°. Still the pulse was weak and frequent, and the pain in the bladder but little improved. At one time I had a consultation in reference to the advisability of opening the bladder through the vagina, or paralyzing the sphincter by forcible dilatation. Dr. Jenks, of Detroit, recommended opening the bladder with a thermocautery blade. Just at this time I began giving her full doses of eucalyptus, and in less than a week there were some symptoms of improvement, which gradually continued, and she was able in 3 or 4 weeks to leave the room and go home several blocks in a cab. She has occasional attacks of irritability of the bladder still; but her appetite and digestion are good, and she is getting quite fleshy and able to attend to light household duties.

There was only one mistake made in the after treatment, and that was in using the catheter at all. I am certain the cystitis was not produced from foul catheter, for I am always painfully particular in reference to the cleansing after each time using—always well washed in clean water, and afterwards in carbolic water, and then left standing in a tall bottle of simple water until required again. I formerly left them standing in carbolic water, but found that the solution, even if very weak, would, in time, affect the gum on the catheter and roughen its surface, so that now I never allow the catheter to remain in it. Knowing that this woman had two or three attacks of cystitis—although many years ago—should have been sufficient notice of what might be expected if the catheter was used. I believe the cases are extremely few, indeed, where the chances of recovery are in any way lessened by allowing the patient to empty the bladder herself. I had many weeks of worry and anxiety, and am not likely to forget it soon.

The operations were all done under the spray (2½ per cent carbolic acid), and the general principles of Listerism carried out. And in reference to this, perhaps the three most important points that require the attention of the operator are—the absolute purity of the

sponges, the cleansing of the instruments, and the thorough cleansing of his own hands and arms, and that of *the* assistant. The sponges in use for ovariectomy or abdominal section, I never use for any other operation. They are cleansed when new, and after each operation under my own supervision, and left standing in a 5 per cent. solution of carbolic acid for several days; then dried and put away. The instruments receive unusual care, especially the compression forceps. The jaws and teeth require most scrupulous attention; and the use of a nail-brush is brought into requisition, to clear away all dried blood or other uncleanness. It is better also that these instruments should never be used in any other operation.

Three or four days before operation, the room that the patient was to occupy was thoroughly cleansed—floor, ceiling, and walls—and a five per cent. solution of carbolic acid sprayed in the room for an hour. For this reason I would not operate in the general surgical theatre, as one cannot insure absolute cleanliness there. The temperature of the room was kept as near 65° as possible, a small fire in the grate *regulating* the temperature, as well as contributing to the ventilation of the room. On the day before the operation, a brisk cathartic was given, and the evening meal restricted to beef tea and dry toast. On the *following morning* the rectum was washed out, and a cup of beef tea, four hours before the operation allowed; no other food.

In Case III. the bowels were not *so thoroughly* moved by the cathartic, and to this I attributed the enormous after-distension; and I am not certain but the foetid character of the pus was partly due to the absorption of gas, from retained feces in the bowel, in close proximity to the stump; and should a similar imperfect sweeping out of the bowels occur again, I should prefer to repeat the cathartic and delay the operation for 24 hours.

I must apologise for the length of this article. What (of details) must of necessity prove wearisome to some, may possibly prove interesting and suggestive to others.

In England the ratio of the sexes is 105.5 females to 100 males.

Selections.

TREATMENT OF HICCOUGH BY COMPRESSION OF THE PHRENIC AND PNEUMOGASTRIC NERVES.

BY DR. GROGNOT.

When we examine the different methods of treatment of hiccough called *idiopathic*, one is surprised to find scarcely anything else advocated than a number of remedies popular as well as empiric, such as strong compression of the wrist, and sudden fright, swallowing a large quantity of cold or acidulated water, compression of the chest or pit of the stomach, etc. It is rather odd that, in the treatment of this spasm of the diaphragm, a therapeutic action upon the nerves which preside over its function or influence it in a reflex manner has been so little sought after—we refer to the phrenic and pneumogastric nerves. It is true that the malady being as a rule benign, the above treatment has usually sufficed. However, T. Schortt, Duchenne, Bouchut, and Tripier, each advocate a method in which they had had in view an action on the nerves which appeared to them to be involved. The first three wished to act on the phrenic, A. Tripier on the pneumogastric. The Scotch physician, Thomas Schortt, successfully applied a blister over the phrenic nerve; Bouchut extols the hypodermic injections of morphia in the course of this nerve; Duchenne uses galvanism of the phrenic; the continued current is used by A. Tripier, who advises its application, "the positive pole to the epigastrium, the negative to the front of the neck, in the line of the pneumogastric."

It will be noticed that, whatever the theoretic idea may be that has influenced the choice of one or other of these nerves, the therapeutic application always involves both. The reason for this is the anatomy of the parts. After referring to the anatomical relations of the two nerves in the neck and to the diffusible nature of electricity applied to the surface, the writer goes on to say: But in a malady usually so mild, and which as a rule lasts but a few minutes or hours, when it is not symptomatic of a serious disease, such as peritonitis, intestinal obstruction by internal strangulation, etc., such a

condition, I repeat, where hiccough is styled *idiopathic*, the treatment employed ought to be as simple and easy as possible. It is true that if one can consider as simple the use of electricity, blisters and hypodermics, one ought to observe that they have been only resorted to where empirical means have failed. We must find, then, a means at once easy of application and effective; such is the treatment of hiccough by digital compression.

It requires no instrument; it is readily applied even by the patient. We have seen just now that four or five centimetres of the inferior clavicular portion of the sternocleidomastoid muscle lie directly over the two nerves. This is the part we select, guided by the pulsations of the carotid. The thumb and index finger are used one on either side symmetrically, applying pressure sufficiently strong to cause the spasm to disappear. One or two minutes as a rule, sometimes less, are sufficient; meanwhile the patient's head must be kept immovable. In our method, as in those that we have cited, the therapeutic action affects equally both nerves.

It follows that if the hiccough arises from the stomach, the pressure which effaces or diminishes the reflex action of the pneumogastric will stop the spasm during the time it is reflexly excited and often even afterwards. If, on the other hand, the cause arises directly from the influence of the phrenic, the calmative action of compression is equally manifested. Whatever may be the pathogeny of hiccough and the therapeutic mode of action of the digital compression, the result is nevertheless remarkable. We have rarely seen this method fail in idiopathic hiccough. Once, however, in a young hysterical girl, who had suffered from hiccough for two days, compression far from calming the spasms, each time it was applied, rendered them on the contrary more frequent. In hiccough symptomatic of a severe general disease we have never successfully used compression. We would in no wise discourage experiments in this line, having only used this method five years.—*Bulletin Général de Thérapeutique*, R. Z.

A case of yellow fever was reported in New York August 19th.

SKIN DISEASES RESULTING FROM VENOUS STAGNATION IN THE LOWER LEG, AND THEIR TREATMENT.

This paper is too long and too full of detail to allow of compression into a short abstract; the general principles of the author's treatment may, however, be briefly summarized. The intensity and obstinacy which characterize so many otherwise generally mild affections, when they attack the lower leg, and produce such tedious complications (cyanosis, oedema, tendency to hyperæmia, to hæmorrhage, suppuration and deposit of pigment, ulcers and elephantiasis) are due chiefly to the evil influence of the venous stagnation to which those parts are so liable, and in every line of treatment the main endeavour must be to combat this defect of circulation. Unna discusses the various methods hitherto resorted to, such as cross-strapping with plaster, elastic stockings, and Martin's bandages, but finds in all many drawbacks to their general application. In their place he recommends that the limb should be bandaged from below upwards by a double-headed muslin bandage, the sound portions of the skin having been previously painted with gum or dextrine pastes, or with zinc-gelatine, the bandage-rolls being crossed at each turn over the front of the leg. As they change hands the requisite tension is easily given, and accurately-regulated, firm, but elastic pressure can thus be brought to bear on the limb wherever it is most required, while by the fixedness produced by the rapidly drying pastes or gelatine, a solid and comfortable support is provided, which allows the patient to use the leg with safety. Any dressing required for ulcers, eczema, or other morbid conditions (ointments, iodoform powder, etc.) may be applied beforehand, and the re-dressing renewed daily, weekly, or even at an interval of several weeks, the frequency of the renewal being dependent on the presence and rate of secretion from the skin. In this way a form of support is obtained which, being so easily and cheaply replaced, need not therefore like stockings and rubber bandages be protected from the action of grease and lotions, and being permeable, does not confine the heat and sweat and excite fresh trouble, as these

latter are apt to do. The applications which Unna recommends in phlebectasies (hamamelis, ichthol), in oedema (dextrin bandages), to allay pruritis (lot. plumbi, ac. carbol.), and in the various eczemas of the leg (lead paste, salicyl. acid, etc.) are given in detail with great fulness and accuracy. In that *crux medicorum* the "ulcered leg," the author finds in the support of the bandage the greatest possible assistance. Its use, however, is only part of the battle, it is necessary to understand the treatment of the sore itself. The means of cleansing the sore (peroxide of hydrogen), the encouragement of the granulation process, by the use of oxydising agents (carbolic acid, iodoform, pot. chlorat.), and of the skinning process, when this is complete, by the action of reducing substances (sulphur, silver nitrate, &c.), and the importance of their thorough comprehension for the successful treatment of ulcers, are insisted upon. The whole series of papers are exceedingly instructive, and have already given me very good results.—*Dr. H. G. Brooke, in Medical Chronicle.*

THE WATER SUPPLY OF ANCIENT ROMAN CITIES.

Professor Corfield chose, as the subject of his address at the anniversary meeting of the Sanitary Institute of Great Britain, the Water-supply of Ancient Roman Cities. He gave a most interesting account of aqueducts erected by Roman engineers, not only at Rome, but for certain provincial towns. Rome itself was served by nine aqueducts, and it is a very striking fact, as showing the value which the wise rulers of ancient Rome attached to uncontaminated water, that the third aqueduct, erected over 2,000 years ago by the Prætor Marcius, and hence called the Marcian aqueduct, was no less than 54 miles long. The water-supply of the city was about ten times as great as London receives in proportion to the population; and all the water used for drinking purposes was brought from pure mountain-streams. Small settling-tanks, in four compartments (piscinæ), were interposed, and were so constructed as to be easily cleaned. The channel (specus) of the aqueduct was generally constructed of blocks of stone cemented

together and lined with cement. It was roofed over, and, in the earlier aqueducts, was carried entirely underground.

But these mighty aqueducts were by no means peculiar to the capital, for wherever the Romans built a city, there they provided for a copious supply of clear water; and Professor Corfield gives a most interesting description of the three aqueducts of Lyons, especially of the great aqueduct built by direction of the Emperor Claudius to supply the imperial palace. The sources of a river were tapped at a point 50 miles from the city, and the water brought through a most irregular country, across valleys, one of which is 300 feet deep and about 1,000 yards wide. The water was taken down the sides of the valleys, and across the streams at the bottom, in eight or ten lead pipes, arranged as inverted siphons. Professor Corfield says of this that it was the most remarkable aqueduct of ancient times, reflecting the greatest possible credit on the Roman engineers, and showing that they well understood the principles of hydraulics. Yet this was only one of three aqueducts erected for the supply of Lyons. We cannot do better than quote the moral of such facts as these in Professor Corfield's own words:—

"It is thus seen that the ancient Romans spared no pains to obtain a supply of pure water for their cities, and I think it is high time that we followed their example, and went to the trouble and expense of obtaining drinking water from unimpeachable sources, instead of, as is too often the case, taking water which we know perfectly well has been polluted, and then attempting to purify it for domestic purposes."—*Brit. Med. Journal.*

A NEW METHOD OF RELIEVING A COLD.—A writer in *El Siglo Medico* strongly recommends the following as a certain means of relieving the discomfort incident to cold: Pour about a half-pint of boiling hot water over about a drachm of pulverized camphor, and inhale the vapors arising therefrom ten to twenty minutes. Great relief is at once experienced, and after two or three repetitions the discomfort is said to disappear entirely.—*Medical News.*

ANOTHER LOCAL USE FOR GRINDELIA ROBUSTA.

As the majority of our readers know, we have referred to the use of grindelia a number of times as a valuable application in rhus tox. poisoning, in the proportion of one drachm of the fluid extract to eight ounces of water, to be applied freely and often to the affected surface.

Dr. Gatchell, in the *New York Medical Times*, commends the same agent highly as a topical application in the treatment of stings and bites of insects.

He says: "For some years I have given to patients bound for countries infested with insect pests, a lotion of grindelia robusta, and upon their return they would invariably report that it was all that could be desired as an application to stop the itching and promote the healing of the mosquito or flea bite. One lady told me that while in Florida her children would come to the house in the evening completely 'frescoed' with insect stings, which would nearly drive them crazy, but that after bathing them and applying the lotion, they would quickly drop into a peaceful sleep, to awake in the morning free from any pain or itching, till they had encountered the pests that day, when the same process would be gone through with in the evening."—*Medical Age*.—*Medical Summary*.

TEST FOR ALBUMEN.

BY M. BOYMOND.

Robert recommends the following as one of the best tests for albumen in the urine.

R. Strong nitric acid 1 part.
Saturated solution of sulphate of magnesia 5 "

This gives a clear liquid, non-fuming; does not stain nor burn the fingers. It causes little change in the color of the urine, and gives off no gas from decomposition of uric acid.—*Rundschan für Pharmacie*. R. Z.

THE PARADOXICAL ACTION OF QUININE.—Merkel ("Dtsch. Arch. f. klin. Med.;" "Ctrbl. f. klin. Med.") relates the case of a woman who

had fever which was taken to be malarial. She was given three grains of hydrochlorate of quinine, and in an hour she showed faintness, weakness, and stupor. She then had a chill, and her rectal temperature rose to 104.6° F. The temperature fell gradually without the occurrence of sweating. The same effects were produced whenever a small dose of quinine was given.—*New York Med. Journal*.

DELIRIUM OF BRIGHT'S DISEASE.

At a meeting of the *Société Médicale des Hôpitaux* (July 10, 1885), M. Dienlafoy read a paper on "Certain Troubles in Bright's Disease, particularly Delirium." Certain cases present troubles of the intellect, which generally appear when these patients have already suffered from other uremic symptoms. Usually the disease is mild and quiet. In some rare cases this delirium is marked; the patient is agitated, has insomnia, gets up every minute, and the straight-jacket has to be resorted to. In others hallucinations of hearing or sight predominate. This delirium of Bright's disease has been long known. It has been well described by Lasèque, in 1852. According to him, the delirium was due less to the renal lesion than to other predisposing causes—hysteria or alcoholism. There are, however, a good number of cases in which uremic delirium came on without other cause, hereditary or personal. These delirious troubles are truly attributable to uremia. When this delirium is associated with other symptoms of uremia, it is an epiphenomenon of secondary importance; but at other times it is a dormant symptom; cedema and albuminuria may be absent, and still we have to do with a case of Bright's disease. This is of great importance, not only in a diagnostic point of view, but also in a point of view as to treatment and as to medico-legal cases. These patients may be committed to an asylum, or be fed with the stomach-pump, or have the cold douche applied—all absolutely contra-indicated in Bright's disease. There is also the question of responsibility, capability of making a will, etc.

M. Dienlafoy gives six cases in support of the above remarks.

I. A female, aged 37, admitted 14th Feb., 1885, to St. Antoine ward. She was completely dumb, haggard, stupid; fingers contracted; refused all food; greatly agitated; no symptoms of hysterical mania; urine slightly albuminous, contained very little urea. Temperature 36°. Treatment: Milk diet, large sinapisms over the kidneys. During eighteen days this patient went through all the forms of mental alienation, ideas of persecution, etc. Tongue dry, abdomen tympanitic, constipation. The albumen disappeared, the temperature rose, improvement. There was never any œdema. She complained of itchings in the back and arms, prickings and cramps in the legs. There was vomiting nearly every day, and copious epistaxis. There was no personal or hereditary cause. The albuminuria, which had reappeared, disappeared again; the urea increased; there was a second amelioration, then the vomiting returned, with recurring epileptic attacks, and death after sixty-five days illness. All the organs were found healthy except the kidneys, which presented the characteristics of Bright's disease.

Five other cases are cited. One, aged nineteen, with acute nephritis, profound stupor, refusal of food. Temperature 35° cent. Cured of nephritis and insanity.

Another, with delirium of persecution and acute mania, cured; died two years later of Bright's disease.

A fourth, aged nineteen, known to have Bright's disease—furious mania cured after four months. Died four years after from Bright's disease.

The fifth, known to have had Bright's disease for a long time. Insane nine and a-half months. Cured, the kidney trouble remaining.

The sixth had all the varieties of delirium—a female—erotic, succeeded by religious mania. She died maniacal, and with Bright's disease.

In these cases the duration was from twenty days to eight and a-half months. The nature of the delirium varied. Sometimes there was acute, violent mania; sometimes lypemania, sometimes erotomania, sometimes religious mania, mania of persecutions, etc., etc. The diagnosis is sometimes very difficult, for there are cases in which we find no other signs of

Bright's disease, neither œdema nor albuminuria, at the time of observation. As to prognosis, these cases are not so grave as the comatose or epileptiform. The treatment is that of Bright's disease. R. Z.

MULTIPLE ULCERATIONS CAUSED BY MORPHINE.

BY DR. AMEÉE SOURROUILLE.

The following case is reported in the *Gazette des Hôpitaux* of June 13th:

"Mme. X., suffering from uterine cancer, had at intervals very severe pelvic pains. Soothing remedies failing, I had recourse to morphine in pill form. I commenced with progressive doses of 5, 10, 15, 20, and 25 centigrammes. These doses were well tolerated. No vomiting; pains less, and bearable; scarcely felt. The patient, however, was troubled greatly by thirst, dryness of the mouth and throat, difficulty in deglutition, loss of appetite, a distaste for food, constipation; difficult, painful, and scanty micturition. Soon multiple ulcers, superficial and deep, with sharp cut edges, invaded the buccal cavity, pharynx, and very probably the alimentary canal. It was impossible for Madame X. to take any nourishment whatever. Suspecting the morphine to be the cause, I immediately suppressed it. Some days after, and without the slightest intervention, I found, to my great surprise, that the ulcerations in the mouth had entirely disappeared, and permitted the patient to take a little nourishment: the digestive functions had resumed their natural course. Shortly after, the uterine pains became very acute; I again prescribed morphine. The ulcerations re-appeared with more severity, and accompanied with the same symptoms. I stopped the morphine. Mme. X. lived two months longer, without the slightest sign of ulceration in the mouth." R. Z.

A CLINICAL TEST FOR LEAD-POISONING.—Dr. Du Moulin recently presented before the Académie Royal de Médecine de Belgique (*Revue Médicale*) a young man affected with saturnism, whose skin, when painted with monosulphide of sodium or sulphide of ammonium, gave a well-marked plumbic reaction. This sign often appears earlier than the blue line on the gums.—*Druggists' Circular*.

TWO RARE MANIFESTATIONS OF IODISM.

BY H. HALLOPEAU.

Besides the oculo-nasal catarrh, and the rare bullous eruptions on the skin, due to iodism, there are other exceptional manifestations caused either by very large doses, or by special idiosyncrasy. M. X., aged 30, had syphilis eight years ago. After mercurial treatment, he used, for a long time, large doses of iodide of potassium. In 1875, wishing to rid himself of some lingual tubercles, for six months he took daily 6 to 10 grammes of the iodide. The oculo-nasal catarrh was slight, and there were no digestive troubles. However, there were purpuric spots on the lower part of the legs. In December he was attacked with numbness and swelling of the limbs on the left side. We discovered a paresis of the left limbs, and a slight deviation of the features on that side: the grasp of the left hand was weaker; the features were less marked on the left side of the face; the orbicularis on the left side contracted less forcibly; there was then an alternating paralysis, evidently due to a syphilitic lesion, bulbo-protuberantial. What is the nature of this lesion? Is there syphilitic encephalopathy? Such was our first impression. The patient had hitherto no central nervous trouble, but this might be the beginning. Should the iodide be continued? We thought not. On account of the strange abuse the patient had made of it, we ordered it to be stopped immediately. And we did well, for at the end of a few days the symptoms of paresis vanished and did not return. This caused us to modify the interpretation we had first given. A syphilitic encephalopathy does not shew itself by such fugitive symptoms, especially when it has not been treated: before it disappears it must accomplish its evolution. The hypothesis of a specific lesion being eliminated, what is the diagnosis? M. X. is too young to have cerebral atheroma; and, on the other hand, there was no appreciable source for an embolism; we could then eliminate softening; the rapid vanishing of the symptoms did away with the idea of a tumour; the hypothesis of a small hemorrhage was the most

reasonable, but what could cause this hemorrhage? This accident is very rare, apart from Bright's disease, at the age of 30.

If we consider that our patient had previously several purpuric spots, and that he was still suffering from this at the time the nervous troubles began, we must admit that the lesion of the bulb was of the same nature, and was due to the same cause as the cutaneous lesions; in a word, *there was produced in the mesocephalon, under the influence of iodism, a small hemorrhage* similar to the purpuric spots. This fact shows that it is prudent to avoid, as far as possible, huge doses of iodide of potassium in cases in which purpura has followed its administration. They are only justifiable in extremely urgent cases. The second anomalous manifestation of iodism that we have recently met with is the *appearance of painful nodes in the subcutaneous tissue* in one of our patients, who for several years had undergone successive treatments by iodide of potassium. The doses varied between one and two grammes, and the treatments had not lasted longer than six weeks for several years; each of them caused the development of these nodosities. They appeared a few days after the patient would renew the iodide treatment. There was no other symptom of iodism except, occasionally, purpura: this appeared later, when the cure approached its finale. The nodosities were chiefly situated on the thighs, and particularly anterior. They were from one to two centimetres in size one way and one centimetre the other; generally oval, their long axis corresponding to that of the limb; they seemed to involve the cuticle and subcutaneous tissue; they were reddish at the point, painful on pressure, and hindered walking. After lasting several days they gradually became less painful, smaller, and disappeared, leaving the skin of its normal color; several times during the iodide treatment they reappeared. They regularly appeared each time the patient took iodide, and only at these times. Oddly, the patient, though treated since 1868, only presented this symptom since five years; his idiosyncrasy was therefore acquired.

This affection was mistaken for a syphilitic gumma, but its rapid evolution, its constant

appearance during the first days of the iodide being resumed, and its disappearance not less constant after its cessation, made it sufficiently clear that it was not a case of specific neoplasm.

These nodosities are analogous to those described by Froisier in rheumatism. They differ, however, in being adherent to the skin, being generally situated away from the joints, and being always of a reddish color. Erythema nodosum presents greater prominence and a brighter coloration; it is globular rather than oval, and does not extend so far under the skin. These iodic lesions are probably of the nature of phlegmasia; they always terminate in resolution, and leave no trace; the chief interest in them lies in the difficulty of diagnosis when one is not on his guard.—*L'Union Medicale*.

R. Z.

EXPLOSIVE PHYSIO.

A list has just been published in the *Union Pharmaceutique*, of accidents which have recently occurred during the preparation or carriage of explosive substances used in medicine. At Strassburg, a chemist's assistant was changing some lycopodium powder from one bottle to another; the particles that escaped mixed with the air, a jet of gas was burning, and a slight explosion occurred. The frightened assistant dropped the jar containing the lycopodium, the room was at once filled with the power, and a violent explosion took place. Chlorate and permanganate of potash are also dangerous. M. Meyet has stated that a tooth powder composed of chlorate of potash and cachou has been known to explode in the mouth of a person engaged in brushing his teeth. A druggist who dried some hypophosphate of lime in a receptacle containing sand was killed by its explosion. Oxalate and citrate of lime are also explosive, but only at a high temperature. Pills of permanganate have been known to explode spontaneously. A mixture of perchloride of iron and glycerine exploded in the pocket of a patient who carried it. An eminent chemist at Paris prepared ozone with powders composed of equal parts of peroxide of manganese, permanganate of potassium, and pulverized oxalic acid. He took every recognized precaution, and the mixture was corked up in a bottle; a few minutes afterwards an explosion took place, and the bottle was reduced to atoms.—*British Med. Jour.*

INSANITY IN THE UNITED STATES.

The number of insane persons in the United States, in 1865, is shown by recent statistics to have been only 24,042. Five years later it had reached 37,432; and, by 1880, treatment was required for 91,959 lunatics. The increase in insanity during the ten years from 1870 to 1880 was nearly 150 per cent., while the population was only about 26 per cent. But these figures do not represent the actual increase, as during the above period a large number of insane persons previously concealed were brought into public notice by more thorough investigation. Apart from several large county asylums in the United States, there are eighty State and forty private institutions for the care of the insane, with a proper capacity for about 40,000, but containing 53,192, thus leaving about 45,000 lunatics to be cared for elsewhere. The proportion of insane is greatest in New England; but the increase has been most rapid in the Western States. In the State of New York there are thirty-five institutions for the care of these unfortunate people, accommodating 11,343 patients, while it is said that there are 4,000 provided for at home.—*Brit. Med. Journal*.

CLINICAL USE OF CHRYSAROBINE.

Dr. B. Merrill Rickets thus writes in the *Cinn. Lan. and Clinic*, May 2: There is perhaps no remedy known to the dermatologist, which has been of more interest and used with more favorable results in the treatment of psoriasis, chronic eczema, and the parasitic diseases, especially those of a vegetable origin, than the active principle of Goa powder—chrysarobine—formerly known as chrysophanic acid.

It was used in the form of an ointment prepared by gradually dissolving in various proportions the powder and simple ointment while being heated.

There being much discoloration of the hair, nails, and especially the clothing with which it comes in contact, and many times producing a violent dermatitis even by the use of a mild ointment, its use was almost entirely abandoned.

However, with these objections its employ-

ment could not entirely be ignored by those who best knew its virtues until a more extended investigation was made to determine the proper method of its application, which has been done within the past twelve years in the following mixture, known as "Pigmentum Chrysarobine Compositum," the credit of which is due Dr. George H. Fox, and which is now extensively used in the New York Skin and Cancer Hospital.

R. Chrysarobine.

| | |
|-----------------------------|-----|
| Acidi salicylici aa | 10 |
| Etheris | 15 |
| Collod. flex. q. s. ad..... | 100 |

There is another which is also extensively employed and with about the same results, but very much more expensive, the gutta percha being substituted for the collodion in the following manner :

R. Chrysarobine.

| | |
|---------------------------|-----|
| Acidi salicylici aa | 10 |
| Liq. gutta perch. ad..... | 100 |

Either of these prescriptions should be prepared in small quantities and kept in dark-colored well-corked salt-mouthed bottles, otherwise it will become of a dark, thick, muddy liquid from decomposition, which renders it entirely useless.

When properly prepared it should be of a light, bright, canary yellow, and about the consistency of olive oil.

Physicians, after using the above mixtures, have found that they furnish the best means of its application, consequently the ointment is rarely used.

The liquid is specially indicated in those cases where the psoriatic condition has existed for any great length of time, or in those cases of a more recent date where the eruption is extensive, with much elevation and induration. It may be used in such cases with almost unlimited success, by applying it with a small brush, after having carefully removed the dry scales, which should always be done just before its application, the number of which should be governed by the amount of induration, elevation, and exfoliation.

Should there be continuous scaling, with a thickened condition, daily applications may be

necessary, accompanied with alkaline baths once or twice a week, as the case may require.

Its employment as a parasiticide is of recent origin, especially in the treatment of trichophytosis, either of the hairy or non-hairy parts. It was thought dangerous until within the past year to apply this remedy to the face or scalp, but now it has been fully demonstrated that its employment in diseases of these parts is not only safe, but a sure cure for trichophytosis (ring-worm), chromophytosis (tinea versicolor), and many others that might be mentioned. Dr. W. T. Alexander (*Journal Cutaneous and Venereal Diseases*) speaks of having successfully treated fifty cases of trichophytosis in one of the public institutions of this city, in which there was an epidemic. Great care should be taken to prevent dermatitis, a condition which often follows its application to the scalp, especially made bare by epilation or shaving, one or both of which should precede its application.

This condition is characterized by a peculiar pink discoloration of the skin, with swelling, congestion, and tenderness. If this extends to near the eyes, there may be slight conjunctivitis.

There is no reason why this remedy, properly managed, with the use of alkaline baths, should not cure ninety per cent. of all cases of psoriasis, also any of the parasitic diseases.

While its use in chronic eczema is not so marked, it is many times followed with favorable results.—*Medical Compendium*.

RUPTURE OF THE HEART.

Dr. H. Nelson Hardy thus writes in the *British Medical Journal*, April 4: Cases of spontaneous rupture of the heart in young persons are sufficiently rare to deserve recording. In the following case, the patient, a young woman, aged 19, had been apparently healthy when she went to bed on the night before her death. She had had an attack of rheumatic fever when 15 years old, but had not lately complained of feeling ill. She had no fainting attacks, nor was there any arcus senilis present. A slight loss of memory had been noticed quite recently.

On March 17th, 1885, a little before 7 a.m., I was sent for to see the patient, who was said to be dying. I found her lying in bed on her back, insensible, almost pulseless, her eyes closed, and pupils widely dilated. In a quarter of an hour after my arrival, the heart had ceased to beat.

On March 18th, thirty-two hours after death, the necropsy was made. The body was well nourished, and there were no marks of violence. The membranes of brain were adherent to the skull-cap; the brain substance was healthy; and there were between one to two teaspoonfuls of serum in each lateral ventricle. On opening the pericardium, there was seen on the anterior surface, near the apex, a slit fully one inch and a half long, which led into the left ventricle, and extended irregularly upwards towards the septum. Slight pressure on the heart caused fluid blood to pour out through this opening into the pericardium, in which there was previously about an ounce of colored serum. Several of the chordæ tendinæ were also found ruptured, and the aortic valves were incompetent through old adhesions. The lungs were congested, but not diseased; the liver was adherent to the diaphragm; the stomach was healthy, and contained partially digested food; the other organs were healthy, and the uterus unimpregnated. The special points of interest in the case are the youth of the patient, and the almost total absence of any indication, during life, of fatty degeneration.—*Compendium of Medical Science*.

WHITE OF EGG IN OBSTINATE DIARRHŒA.—From the *Allg. Med. Cent.-Zeit.*, we learn that Oelli has recently called attention to the curative properties of the albumen of hen's eggs in severe diarrhœal affections. In a discussion before a medical society at Rome, he advocated its use, and related two cases of chronic enteritis and diarrhœa, which having resisted all treatment, speedily made complete recoveries under the use of egg-albumen. The same diet is strongly recommended in the diarrhœa accompanying febrile cachexia, and in that of phthisis. In two cases of diarrhœa dependent upon tertiary syphilis, it was found of no avail. On

post-mortem examination diffuse amyloid degeneration of the arterioles of the villi was found in these cases. The whites of eight or ten eggs are beaten up and made into an emulsion with a pint of water. This is to be taken in divided quantities during the day. More may be given if desired. The insipid taste can be improved with lemon, anise, or sugar. In case of colic, a few drops of tincture of opium may be added.—*Medical Compendium*.

HEMORRHAGE DURING SLEEP.

On various other large subjects Dr. Wilks has fertile suggestions to offer. He has spent some time and trouble in confirming his first impression, which was originally judged to be heretical, that hæmoptysis occurs more often in the night after some hours of sleep, than in the day after some hours of exertion. He does not claim to give a full explanation, but remarks that the helps to the circulation given by the respiratory movements is certainly less by night than by day, so that tension might in that way possibly be raised; but, at any rate, he does not hesitate to draw the inference, which is of no little importance to many who are suffering from a tendency to hæmoptysis, that they need not be frightened into preserving that harassing and absolute quiet which is devised to guard against a recurrence of hemorrhage. Certainly Dr. Wilks' inference is supported by some of the many methods of cure, especially in the high Alps; but if it were acted upon in all cases, though it might possibly be justified on the whole by its relief of perpetual discomforts, yet it would occasionally bring a responsibility on the medical adviser from which he would be glad to be free, for the occurrence of fatal hæmoptysis during exertion is certainly not unknown. The rupture of aneurisms and of blood-vessels in the brain is also more frequent by night than by day, and the conditions controlling the matter deserve some of the more elaborate care that Dr. Wilks claims for them. And there are many other observations of interest for which we have to thank Dr. Wilks, and for which we most gladly refer our readers to the address itself.—*British Med. Jour.*

IODOFORM IN GONORRHOEA.

BY DR. A. OGER.

M. Campana uses injections of iodoform in gonorrhœa, both acute and chronic. He uses the solution in glycerine; but the effect produced is more marked when we apply it in fine powder to the diseased surface. Being insoluble in water, four grammes of iodoform, rendered impalpable by solution in ether and evaporation, are suspended in eighty grammes of water. The mixture being well shaken, a small glass syringe is filled. The patient having passed his water, so as to clean the surfaces, lies on his back and the point of the syringe is introduced into the meatus, the penis being held vertically. Gravity causes the powder to fall into the nozzle of the syringe, and the piston is slowly pressed down. The meatus being closed by the finger and thumb, the liquid is by gentle friction over the urethra distributed over the whole mucous surface. After four or five minutes the injection is allowed to escape *guttatim* so as to allow the powder to remain. This operation should be repeated at least three times a day, and perhaps several times in succession. Whatever the stage of the disease, rapid diminution of pain ensues, the inflammatory symptoms subside, and the pus assumes a healthy character. Cure rapidly follows—in one case it was accomplished in five days.—*Journal de Medicine de Paris*.

HOW TO REMOVE A PLASTER BANDAGE.—

Dr. G. Krosz writes that the removal of a plaster-of-Paris dressing is greatly facilitated by first scraping a groove with a knife, and then dropping along it a solution of caustic soda. In a few minutes the plaster becomes pulpy along this line, and the bandage can then easily be cut through. If two lateral grooves be made, instead of one, a lid can be cut out of the bandage, the leg can be lifted up for the necessary inspection and returned, the lid being reapplied and retained with a roller bandage. In this way the plaster dressing is not cracked, and the limb is not jolted in the efforts to remove the bandage. By this method, also, it is a very easy matter to cut any fenestra that may be needed.—*Deutsche Medical Zeitung*.—*New York Medical Record*.

CAROBA.

BY M. BOYMOND.

This remedy comes from Brazil and Columbia. It belongs to the natural order *vegnoniaceæ*. Peckholt found in it a crystalline alkaloid carboline, crystallized arabic acid, and a balsamic resin carabone. It has tonic, diuretic, and sudorific properties, and is vaunted as an anti-syphilitic. It is also used in chronic gonorrhœa, and in various syphilitic, rheumatic, and cutaneous affections. The leaf is used in infusion, or the American fluid extract. A dessert spoonful three times a day.—*Journal de Medicine de Paris*.

LUMBAR NEPHRECTOMY.—Mr. Clement Lucas removed (in Guy's Hospital, on the 14th ult.) a distended floating kidney, filled with large calculi, which could be felt through the abdominal parietes. The operation was performed without difficulty through the loin, leaving the peritoneum uninjured. The patient is progressing uninterruptedly towards recovery, her temperature continuing normal as before the operation.—*Brit. Med. Journal*.

NEPHRECTOMY AND NEPHROLITHOTOMY.—On July 25th, Mr. Knowsley Thornton performed abdominal nephrectomy for cystic kidney at the Samaritan Free Hospital. The patient, aged 22, had been under the care of Mr. Manley Sims. A drainage-tube was inserted into the loin, and removed on the second day; the patient is now convalescent. On July 27th, the same operator removed a smooth calculus, weighing two ounces, from the left kidney of a young woman who had been under the care of Dr. George Johnson. The case was supposed to be an instance of strumous kidney in its earliest stage, and the operation was commenced as in abdominal nephrectomy; but, as soon as the kidney could be touched, it was found to contain a stone, and strong adhesions prevented its removal. The calculus was therefore extracted, and a glass tube placed in the abdominal, and an India-rubber tube into the lumbar incision.—*British Med. Jour.*

THE EMPLOYMENT OF WOOD CHARPIE AND WADDING IN THE DRESSING OF WOUNDS, AND AN ANTISEPTIC POWDER REPLACING IODOFORM.—At a recent meeting of the Paris Surgical Society, M. Championnière criticised the antiseptic gauze generally employed in the Listerian dressing of wounds, as being almost impermeable to fluids, and as retaining its antiseptic qualities for a limited time only. He also held that it is poorly prepared, and irritates the skin.

M. Championnière further announced that for four months he had used in nearly all his more important operations a new substance, invented in Germany—*wood lint*. This is a preparation of the wood of the fir tree, resembling a paste of paper, and impregnated with a solution of corrosive sublimate of 1 to 4000 in strength. When combined with wadding in a proportion of one-fifth, it receives the name of wood wadding.

The substance is soft to the touch, easily compressed, and capable of readily absorbing large quantities of fluid, so that when placed in contact with a wound, the discharges therefrom do not appear or escape from the dressing.

The amount of corrosive sublimate contained in the dressing is relatively large, and when infiltrated into the discharges of the wound readily prevents putrefaction. Owing to these qualities, it is possible to allow a dressing to remain a much longer time than ordinarily is possible, without removing it.

M. Championnière further remarked that the dressing under consideration sometimes fissures, and that thus, if employed alone, septic infection may thereby result. To obviate this, the wound is directly sprinkled with the following powder: Iodoform, sifted; powdered Peruvian bark; powdered benzoin; and powder of magnesia, saturated with some eucalyptus. This preparation is superior to simple iodoform, both on account of its lack of disagreeable odor and greater cheapness.—*L'Union Médicale—Medical News*.

Solutions of atropine and eserine prepared with camphor water, will keep one or two years.—*Rundschan für Pharmacie*.

NOTES OF A VISIT TO SOME OF THE LYING-IN HOSPITALS IN THE NORTH OF EUROPE.

(These notes were read by Dr. PRIESTLEY, at a meeting of the London Obstetrical Society.)

The hospitals visited were those at Copenhagen, Helsingfors, and St. Petersburg. At Copenhagen, the new system began in 1870. In the Maternity Hospital, in the fifteen years from 1850 to 1864, the mortality was one in 24; between 1822 and 1843, it had been one in 19—that is, only slightly lower than the mortality in the Nightingale Charity of King's College Hospital, which compelled the author to close the ward. From 1865 to 1874, the mortality from puerperal fever was one in 51; from 1870 to 1874, it was one in 87, the improvement coinciding with increasing strictness in antiseptic precautions. The hospital was constructed in the most elaborate and expensive way to secure hygienic perfection, including ventilation, isolation of each part of the building (if desirable), and even a separate room for each patient. Moreover, the rooms were only used alternately, which was equivalent to halving the number of beds. The attendants were under strict rules of periodical purification, and were not allowed to pass directly from the convalescent to the lying-in wards. If a patient had been ill, the nurse was fumigated with sulphurous acid gas by an elaborate process. The same was used for disinfection of the rooms. The personal precautions included careful antiseptic hand-washing, soaking of catheters, etc. No sponges were used. The vagina was injected twice a day with carbolic acid lotion. The beds were of canvas, filled with chopped straw, which was destroyed after use. Each bed had its own basins, syringes, catheters, etc. The placenta and dressings were burnt. On suspicion of infection, the patient was carefully isolated. The medical officers were not allowed to attend necropsies. The director lived in the hospital, of which he was absolute master. As in other hospitals, there was an undue proportion of difficult cases and of primiparae, and the primiparae had a large share in the mortality. The midwives of Denmark were compelled to use antiseptic precautions, and this had sensibly

reduced the mortality. At Helsingfors, the hospital was arranged on the pavilion system, one block being devoted to the diseases of women, including wards for operations and rooms for out-patients. The wards for lying-in patients contained about 42 beds; the beds were in the middle of the rooms. The mattresses were sacks of fresh rye-straw for the non-paying patients, and with horse hair or bark of the lime-tree for paying patients, all being cleaned, baked, and remade for each new patient. Some patients lay on the bare boards of the bottom of the bed, as was usual in Finland. Antiseptics were not as minutely carried out here. Midwives and nurses were made to wash their hands and arms with soap, and afterwards to rub them with hypochlorite of lime, before examinations. Abnormal cases were isolated. The medical officers were forbidden to attend necropsies, or to touch infectious wounds, without taking antiseptic precautions afterwards. Catheters were carbolised, and the wards periodically closed and cleaned. After labour, a single injection of carbolic acid was given, and often when specially indicated. The linen was simply washed; the blankets were fumigated by burning sulphur. Professor Pippingsköld trusted largely to the excellent hygiene of the hospital (built on a rock high above the town), and to the clean habits of the people; but the external genitals were always washed before delivery, otherwise the object was to guard against external morbid influences, more minute care being thought unnecessary under the circumstances. Before the new maternity was opened in 1879, the total mortality averaged 1.83 per cent. From 1872 to 1884, the total mortality was one per cent. In the Grand Duchess Catharine Maternity Hospital in St. Petersburg there were arrangements for isolating the various parts. Scrupulous cleanliness, the disinfection of rooms, concrete floors draining into a central gully, and the careful use of antiseptics, were included in the system. In the last three years there had only been one death from puerperal fever, though six had occurred from other causes.

The Corporation of Hamburg, Germany, has decided to permit cremation.

REMOVAL OF MEMBRANES.

I have, therefore, adopted the following plan to insure complete removal of the membranes. The left hand is laid over the fundus, in readiness for expression at the proper moment; the right hand, previously rendered aseptic, is placed in front of the vulva, and, just at the moment of expression, two fingers of the latter hand are projected into the vulva, in order to impede the too rapid descent of the placenta. The latter is now caught by the hand and held within the vulva or partly within the vagina until the uterus recedes. It is now gently removed until the membranes are put upon a stretch. In this position it is held by the thumb and four fingers, while the index finger gently presses against the membranes, near their placental attachment, until the uterus relaxes its hold upon them and the whole mass drops. Twisting of the membranes is objectionable, inasmuch as it is a clumsy manœuvre which endangers the integrity of the membranes and when successfully accomplished, it encourages energetic traction. Not rarely slight traction even induces reflex spasm which grasps the membranes tightly. Patience is here a virtue. A few minutes' delay will save tearing, and consequent retention of the membranes. The important point to be noted is that, while for the removal of the placenta we act during a pain, the opposite course is necessary in the removal of membranes, for which a relaxation of the uterus offers the auspicious moment. The simple reason lies in the fact that in the one case expression is sought, while in the other extraction is required.—*Baruch: Amer. Jour. of Obstetrics.*

CHERON'S TREATMENT OF CHRONIC PELVIPERITONITIS.

The treatment of chronic inflammation of the pelvic peritoneum is in many cases tedious, and often very unsatisfactory. The pain, the tenderness, and the inflammatory deposits—the last in some cases simulating new growths, and not unseldom mistaken for them—are very slow in disappearing in many cases under methods of treatment hitherto employed. In consequence of these facts, we look with great

interest upon a plan of treatment which Chéron has employed with remarkable success, and which he publishes in the June number of the *Revue Médico-Chirurgicale des Maladies des Femmes*. He uses hypodermatic injections of the crystallized phosphate of soda. The solution, which should be freshly prepared and carefully filtered, is made of one part each of crystallized phosphate and of sulphate of soda to twenty parts of distilled water. The quantity used for an injection is one drachm; it should be injected into the subcutaneous connective tissue, not into the subdermic. The injection should be made slowly, and massage of the part made for a minute or two. The injections are to be repeated every six or eight days.—*Medical News*.

APPLICATION OF CORROSIVE SUBLIMATE AND GLYCERINE IN EPITHELIOMA OF THE CERVIX UTERI.—Dr. Biddle (*Brit. Med. Journal*) states that but few things in the way of palliative treatment have given him greater satisfaction than the use, in a case of epithelioma of the cervix uteri, of a lotion or injection, containing one-fourth of a grain of corrosive sublimate and half an ounce of glycerine to a pint of water. Before using it, a patient of his had, for seven or eight months, been subject to paroxysms of agonizing pain and to frequent hemorrhages, which were occasionally profuse. Immediately upon its employment, and for the last three months of her life, the hemorrhage became merely nominal; and, instead of agonizing pain, there was simply the distress consequent upon irritation (by the tumor) of the bowels and bladder, the latter of which became perforated a week before death. He attributes the beneficial change to the very marked reduction in the amount of infiltration. The lotion was used continuously, with very few exceptions, twice a day during the three months, and he shall certainly adopt the same treatment in the next case he has, even before recovery is despaired of. In the case referred to, it was not tried until the curative effects of chromic acid had been tried in vain.—*Weekly Medical Review*.

Therapeutical Notes.

It is suggested to color morphia salts so that they may readily be distinguished from quinine.

ETHER IN TETANUS.—Bontellier, *Progrès Medical*, reports a case of traumatic tetanus cured by applying ether spray to the back every two hours.

GLYCERINE IN ACUTE NASAL CATARRH.—Cotton saturated in glycerine and introduced into the nares relieves the congestion at once.

Squibb recommends the use of a half of one per cent. solution of boric acid to dissolve cocaine, this amount being needed to prevent decomposition.

IRRITABLE BLADDER.—Lionel S. Beale, in his work on urinary and renal derangements, recommends liq. potassæ for the relief of irritable bladder depending on very acid urine.

Flake manna, kaoline, or cocoa butter, are recommended as excipients for pills of permanganate of potash. One pharmacist uses cocoa butter with one drop of castor oil.

BRAZILIAN TREATMENT OF HICCOUGH.—Dr. Maxwell Ramos, in a letter to Dr. Dujardin Beaumetz, speaks highly of cooling the lobe of the ear in obstinate hiccough. It is not necessary to refrigerate, a cold lotion suffices.

HERPES (ZOSTER).—

R. Camphoræ.....

Chloralisāā ʒj.

Morph. sulph..... gr. x

M. Sig.—To be painted over affected part.

SALICYLIC ACID SUET IN HYPERIDOSIS.—Our Berlin correspondent writes:—All the reports of the German army surgeons on experiments recently made with salicylic acid suet, agree in recommending its use as a remedy for extreme sweating of the feet. It is composed of two parts of pure salicylic acid to 100 parts of best mutton suit. The War Minister has, therefore, permitted the introduction of this pre-

paration into the army medical stores, for the benefit of soldiers suffering from sweating feet, or soreness from riding.

RINGWORM.—Dr. R. W. Taylor, *Western Reporter*, claims good results from painting ringworm twice a day with tinct. myrrh, in which four grains of bichloride of mercury are added to each ounce.

A DRESSING FOR PHAGEDENIC CHANCRE.—The *Union Médicale* attributes the following formula to Terillon :

Pyrogallic acid 1 part.
Powdered starch 4 parts.

Mix carefully. In cases of ragged phagedenic chancres, with multiple prolongations, the powder is to be blown into the deep parts with a bellows. The application should be repeated twice a day. The preparation should be freshly made, and preserved against moisture in a well-corked bottle.—*N. Y. Med. Journal*.

A DIURETIC MIXTURE.

Dr. Joseph Mullone, of Lyons, Ind., writes to us that he has treated a number of severe cases of anasarca, most of them of distinctly malarial origin, and has been much pleased with the action of the following formula :

R Compound spirit of juniper .. O j.
Sulphate of iron 3 ij.
Acetate of potassium 3 ss.
Fluid extract of digitalis fl. 3 ij.
Syrup of squill fl. 3 ss.

Dose, a tablespoonful three times a day. In severe cases the patient is to drink also a cold infusion of elder root.—*N. Y. Med. Journal*.

A DIURETIC MIXTURE.—The same journal credits Billroth with the following formula :

Acetate of potassium, } each.... 5 parts.
Nitrate of potassium, }
Distilled water 200 "
Syrup of raspberry 20 "

A teaspoonful to be given night and morning in cases of acute articular rheumatism. The affected joints are to be painted with tincture

of iodine, covered with cotton, and kept absolutely motionless. If pericardis occurs, a blister is to be applied over the precordial region.—*N. Y. Med. Journal*.

SCABIES.—The *British Medical Journal* recommends the following :

R. Flowers of sulphur... 100 parts.
Quick lime..... 200 "
Water..... 1000 " ℥.

Boil, stirring till incorporated ; cool ; decant into bottles and hermetically seal. After a warm bath, paint the patient with the solution, and put him to bed in a flannel night-gown or blanket. A warm bath more, and the patient is usually cured.

The following is an excellent lotion for subduing inflammation, and reducing the œdema of the inflamed parts :

R Tr. opii camph. co 3ij.
Tr. tolutani 3ij.
Liq. plumbi diacetat 3iv.
Glycerine 3ij.
Aquæ, ad. 3xx. M.

A piece of lint, or old linen, to be well wetted with the lotion, and to be applied to the inflamed part. The wetting to be repeated at frequent intervals.

Internally, it is useful to combine the following mixture with the foregoing lotion :

R Potass bicarb..... 3iss.
Tr. nucis vom. ℥xl.
Ferri am. cit. 3iss.
Sp. am. aromat. 3iss.
Aquæ, ad. 3viiij. Liq. M.
" 3j. three or four times a day."

I have found this treatment especially useful in those cases in which intense inflammation in the arms follows re-vaccination.—*Dr. Martin, Med. Press and Circular*.

PROPER TIME TO TAKE MEDICINES.—Local irritants, *e. g.* salts of iron, copper, zinc, or arsenic, in large doses should be taken directly after meals on a full stomach. Small doses, to act on the mucous membranes, should be taken

on an empty stomach. Silver oxide and nitrate should be taken during a period of rest. Iodine and iodides should be taken on an empty stomach. Acids to overcome acidity and prevent fermentation must be taken before meals. Alkalies are given during meals when they are to act on the acids of the stomach, and before meals when they are to be absorbed by the blood. Some of the metallic salts (especially mercuric chloride) also alcohol, tannin, and others, modify or destroy the digestive powers of pepsin, and must therefore be given on an empty stomach. Cod liver oil, phosphates, etc., may be taken during meals. Small quantities of dilute alcohol (as in wines, etc) have no injurious effect on pepsin.—*Bull. Gen. de Therap.*

INCOMPATIBILITY OF CHLORAL HYDRATE IN THE PRESENCE OF POTASSIUM BROMIDE AND ALCOHOL.—Prof. George F. H. Markoe, in the *Druggists' Circular*, calls attention to the above incompatibility. He found that the addition of potassium bromide, sodium bromide, sodium chloride, or magnesium sulphate, to strong solutions of chloral hydrate, together with the presence of alcohol, determined a separation of the liquids into two layers. Ammonium chloride, ammonium bromide, and calcium bromide, did not disturb the same solutions. The practical lesson to be learned is, that alcoholic preparations (tincture, etc.) should not be prescribed with chloral hydrate, especially in connection with the bromides of potassium or sodium, because if the solutions used be at all concentrated the chloral will separate as an alcoholate and float on the surface, and a great risk will be incurred of giving a large overdose, the patient having received no caution to shake the bottle.—*Druggists' Circular.*

THE DANGER OF BEING AN ANTI-VIVISECTIONIST.—M. Magnan cites a number of cases of madness among anti-vivisectionists. One woman first renounced animal food, then took in all stray dogs, and finally went round to the butchers, begging them not to slaughter any more cattle. She became finally mad, and was received as a patient at Charenton.—*New York Medical Record.*

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To CORRESPONDENTS.—We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

To SUBSCRIBERS.—Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.

TORONTO, SEPTEMBER, 1885.

BINIODIDE OF MERCURY AS A DISINFECTANT IN OBSTETRICS.

The bichloride of mercury has come into common use as an antiseptic in surgery and obstetrics, and has proved very satisfactory. Lately the biniodide has been brought into prominence, and is said to be three times as strong as the other.

At a recent meeting of the Obstetric Society of Philadelphia, Dr. Bernardy related his experience of the use of the biniodide of mercury as an antiseptic in obstetric practice. He had found it more satisfactory than the bichloride. He uses it for external washings, as well as vaginal and uterine injections when required; and employs a solution not stronger than 1 to 4000, which he finds non-irritating. His method is: take three and a half grains of the salt, well triturated in a mortar, and rubbed with one quart of boiling water, slowly added, giving a solution of 1 to 4390.

TORONTO SEWAGE.

August is notoriously a dull time for news of all kinds. It is the lull between the meetings of clerical and other associations and the exhibitions of agricultural societies. It is the period of the year in which the intelligent citizen is yachting, or fishing, or sea-bathing, and the period when the sea-serpent always makes his appearance. This season is no exception to the rule. The rebellion in the North-West has been quieted, and even the unseemly squabble over who led at Batoche has dragged out its weary length. Toronto

sewage was a fine subject for arousing the jaded attention of the public, particularly as it had been so ably dealt with at the late meeting of the Provincial Board of Health; even it seemed to fall flat, until our attention was drawn to an important interview with a distinguished sanitarian from a neighboring province, which occupied three columns of a daily contemporary. The interview is decidedly "airy," and must have taxed the patience of the reporter sadly; for our part we laid down the paper regretting the precious time lost in its perusal. The question of the Combined vs. Separate Sewer System, is far from being solved, and the battle rages as strongly to-day as ever it did. So far as Toronto is concerned, it would be impracticable to introduce the separate system. We must cope with what we have, and on this point the distinguished sanitarian failed entirely to advance a single new point. A *rechauffé* of Col. Waring's reports on Memphis sewers, and various Government reports, with some twaddle on house-drain ventilation, is such palpable self-advertisement, that for our part we wish the other bore would make his appearance; for no two appearances of the sea-serpent ever agree, and in him there is at least some freshness.

MEDICAL MEN IN THE ENGLISH PARLIAMENT.

A number of physicians and surgeons are presenting themselves as candidates for the next election in England. Among the more distinguished might be mentioned the names of Mr. Erichsen, Dr. Balthazar Foster, of Birmingham, and Mr. Ernest Hart, the able editor of the *British Medical Journal*.

Mr. Erichsen's name is so well and favorably known throughout the medical world, that it is not necessary to say more than that the constituency which elects him will do itself honor, and send to parliament one of the best men.

Dr. Balthazar Foster is a man of forty-five or fifty, active, of fine address, and possessing great energy and administrative ability. He will, if elected, soon make his mark in politics, and as he is the Chairman of the Executive Committee of the British Medical Association,

will be able to speak with authority on matters which affect the welfare of the medical profession in Great Britain.

There seems to be some doubt as to Mr. Hart's course if elected to parliament. This is caused by a sudden change in that gentleman's views with regard to the Contagious Diseases Act. Mr. Hart, in the *British Medical Journal*, has for years favored the extension of the Act so as to include other than garrison towns. The following quotation will explain his present position: "The electors of Mile End (Mr. Hart's constituency) have not only made up their own minds, but they have even changed the mind of Mr. Ernest Hart, who last night pledged himself to vote for the unconditional repeal of the obnoxious measure." There is no doubt, however, that if Mr. Hart is elected he will make one of the most active and successful politicians in England. His great success in connection with the *British Medical Journal*, and his clever management of the Association itself, are sufficient guarantees for his future career. After the meeting of the Association in Belfast, last year, we had a conversation with a shrewd American brother on the management of the British Medical and Mr. Hart's connection with it. Our American friend expressed the opinion that if he were a member of the Association he would, if possible, not oppose Mr. Hart, but "would get right up into the waggon with him." We think many have found the latter very much the better policy to pursue.

We are glad to see the profession in England is likely to be so well represented. In Canada the number of medical men in parliament is very large, but, unfortunately, when matters affecting the profession arise many of them become very weak in the knees. It was with great difficulty that one could be found who would take charge of the new Anatomy Act last winter. Dr. Baxter, a notable exception, stood nobly by the profession, took charge of the bill, and carried it successfully through.

If medical men, when elected to parliament, would follow a strict line of duty in these matters, and not pander to the superstitious fears of their constituents, they might not be such successful politicians, but they would be of far greater service to their country.

RECURRENT SCARLATINIFORM ERYTHEMA.

Two articles have recently appeared treating of this very interesting subject. One by Dr. L. Brocq, of Paris, France, appeared in the August number of the *Journal of Cutaneous and Venereal Diseases*; and the other, by Dr. Penet, in a July number of the *Lyon Medical*. It will be remembered that in the April number of the PRACTITIONER a case was reported by Dr. Graham under the heading of "Recurrent Exfoliative Dermatitis.

We are convinced that these cases occur much more frequently than one might suppose from the number reported. By the general practitioner they are put down as scarlet fever, when they have no etiological connection whatever with that disease. It has been the rule among English dermatologists to classify this disease as a dermatitis; whereas the French authorities, who have written more upon the subject, consider it as a pseudo exanthem, and not in any way related to that chronic form of dermatitis known as pityriasis rubra. When one takes into consideration the regular and uniform course in which the symptoms follow one another in the several cases, and the constant presence of an elevated temperature, one is led to think that perhaps the French observers are correct in their views.

The general practitioner, however, is now particularly interested in the distinction between this malady and scarlatina. The diagnosis in most cases is extremely difficult, and generally the true nature of the affection is not made out until a second, third, or fourth attack has taken place.

On this point we will quote from Dr. Brocq's article already mentioned:

Diagnosis. — To distinguish desquamative scarlatiniform erythema from *scarlatina* is at once easy and extremely difficult—easy when the eruption has already made repeated appearances; difficult when we have a first visitation of the malady to deal with. Frequently, in the latter event, we imagine that a case of eruptive fever is on our hands, until the redness is seen to continue after the eighth day of the exanthem, and desquamation has occurred several times and become exceedingly abundant,

when we are compelled to a diagnosis of desquamative scarlatiniform erythema. The onset of the latter, also, is less abrupt than that of scarlatina; the febrile reaction is perhaps less severe; the angina not so marked, or possibly absent altogether. On the other hand, the redness of the skin is much more pronounced; miliaria are of rare occurrence; desquamation is far more abundant and frequently repeated, and exhibits much more of a lamellated character. The local symptoms, too, are very decided, while constitutional symptoms are trivial or wholly wanting. The complications (buboes, endocarditis, renal congestion, etc.) so frequent in scarlatina, are never observed in scarlatiniform erythema. Finally, the latter affection is non-contagious. Notwithstanding all these distinctions, desquamative scarlatiniform erythema was confounded with scarlatina, even down to recent times, and this fact affords an explanation of certain anomalous features which have been ascribed to the more familiar affection (long duration, relapses, etc.)

AMERICAN MICROSCOPICAL ASSOCIATION.

The ninth annual meeting of the American Microscopical Association was held in Cleveland, commencing August 18th. The high standing of the society was illustrated by the fact that every part of the country was represented, some of the members having travelled thousands of miles in order to take part in the proceedings. There were nearly a dozen ladies in attendance, and they were among the most interested of the members. The meeting was called to order by C. M. Vorce, F.R.M.S., President of the Cleveland Microscopical Society, who, after delivering an address of welcome to the visiting microscopists, vacated the chair in favor of Prof. H. L. Smith, the President of the association. The convention continued its session four days, and most effective work was done, which will add lustre to the society's past history and further progress. The papers were varied and instructive, among the most interesting being those of Dr. Eastman, of Baltimore, on "Some Remarks on Fatty Infiltration of the Liver." "Butter and Fats, or how

to Distinguish one Fat from Another by means of the Microscope," by Thos. Taylor, M.D., of Washington, Microscopist of the Agricultural Bureau. This paper was particularly valuable for public analysts. He explained his methods of examining lard, beef, fat, and butter, and described the appearance of their pure and impure conditions under microscopic treatment.

"Poisonous Dried Beef," by H. J. Detmers; "The Cultivation of Bacteria, with Special Reference to Cholera," by Dr. Lester Curtis; "On Some Improvements in Accessory Microscopical Apparatus," by E. H. Griffith; "Improved Methods of Manipulation," by R. M. Reynolds; "Methods of Preparing Chicken Embryos for Microscopic Examination," by W. P. Manton, M.D.

Among the attractions of the third day was the *working session*. All the points in preparing, staining, cutting and mounting of sections were demonstrated by expert manipulators, including the exhibition of special lines of work, culture of bacteria, application of electric light to the microscope, etc.

The exhibits of Drs. Duffield and Manton, of Detroit, received great attention. In the evening a grand reception was given to the members of the association, which reflects the greatest credit on the hospitality and sociability of the microscopists in the Forest City of the United States.

THE BRITISH MEDICAL ASSOCIATION.

The recent annual meeting of the Association, which took place at Cardiff in the latter end of July, appears to have been a very successful one. There was a large attendance of the leading physicians and surgeons of Great Britain and Ireland.

The annual address was delivered by Dr. W. T. Edwards, of Cardiff, the President of the Association. After some discussion the Association decided to erect for itself a building to consist of offices, council chamber, reading rooms, and rooms for printing and publishing the *Journal*. It will cost about \$150,000.

Owing to the enterprise of the New York *Medical Record*, its report of proceedings was published on this continent as soon as in England.

CANADA MEDICAL ASSOCIATION.

We are pleased to learn that the prospects for a successful meeting of the Association to be held in Chatham, September 2nd and 3rd, are exceedingly bright. The members of the profession in Chatham are making arrangements to extend a right royal welcome to the visitors. It has been arranged that the Association shall be opened at 10 a.m. on the 2nd, when the members from a distance will be formally received by Dr. J. L. Bray, Chairman of the Local Committee. A short address will then be read by the Mayor on behalf of the City Corporation. A dinner will be given by the local profession on Wednesday evening. The regular sessions will be held in the Christ Church Sunday-School House. A number of invitations have been sent to Buffalo, Cleveland, Chicago, and other American cities, and several have been accepted. We must congratulate the physicians of Chatham upon the great energy which they have displayed in perfecting their preliminary arrangements. The following papers have been promised:

1. Dr. William Osler (Philadelphia): "The Clinical and Pathological Relations of the Cæcum and Appendix."
2. Dr. James A. Grant (Ottawa): "Aortic Aneurism, with the exhibition of a specimen."
3. Dr. W. B. Geikie (Toronto): "Retroversion of the Gravid Uterus."
4. Dr. Burt (Paris): "Internal Urethrotomy."
5. Dr. Holmes (Chatham): "Observations on Puerperal Mania."
6. Dr. Kerr (Winnipeg): "Fractures in the Neighborhood of Joints."
7. Dr. Fenwick (Montreal): "Amputation of the Breast, with cases."
8. Dr. Bethune (Wingham): Exhibition of Specimens, 1. "Parasite from an Abscess in the Thigh." 2. "Aneurism of the Pulmonary Artery."
9. Dr. Worthington (Clinton): "Epidemic Cerebro Spinal Meningitis."
10. Dr. Fulton (Toronto): "Subperiosteal Amputation."
11. Dr. Campbell (Seaforth): "An Account of a Case of Trephining the Mastoid Bone."

12. Dr. Rutherford (Chatham): "Supra Pubic Urination."

13. Dr. Stephen Lett (Homewood Retreat, Guelph): "Inebriety, a Disease the result of Physical Causes."

14. Dr. A. H. Wright (Toronto): "Phlegmasia Dolens."

15. Dr. McKeough (Chatham): "Observations on the use of Pilocarpine in Puerperal Eclampsia."

16. Dr. J. E. Graham (Toronto): "Case of Dissecting Aneurism of the Thoracic and Abdominal Aorta, with Specimen."

17. Dr. Shepherd (Montreal): "Excision of the Tongue with Preliminary Ligature of the Linguals."

18. Dr. Alloway (Montreal): "Micro Organisms in Puerperal Septicæmia, Prophylaxis and Treatment."

19. Dr. Ryerson (Toronto): (1) "Surgical Experiences in the late Rebellion;" (2) "Atrophic Nasal Catarrh."

20. Dr. Atherton (Toronto): "Notes on two cases of Abdominal Section for Uterine Myomata."

21. Dr. Nattress (Toronto): "Field Hospitals and Climate in the North-West Territory."

22. Dr. Gardner (Montreal): "The History of a case of Double Uterus, with the exhibition of the Specimen."

23. Dr. A. E. Hanna (Lansdowne): "Enlarged Prostate."

24. Dr. Oldright (Toronto): "A few notes on a case of Pernicious Anæmia."

25. Dr. Ames (Brighton, Ont.): "The Bite of a Rattlesnake."

26. Dr. Wilkins (Montreal) "Exhibition of Specimens (Macroscopical and Microscopical) illustrating the infective nature of Tuberculosis."

27. Dr. Stewart (Montreal): "The Curability of cases of the Chronic Form of Infantile Paralysis."

There is no truth in the report that Dr. Egerton Y. Davis was killed by jealous braves in Sphincteric Cove, North-west Territories. He is alive and well, though slightly maimed.

THE INTERNATIONAL MEDICAL CONGRESS.

The prospects for the next meeting of the Congress are still very gloomy. The resignations of prominent members of committees, including a large portion of the ablest and best known Surgeons and Physicians of the United States, have assumed such proportions that it appears at present impossible to make the meeting successful.

The leading members of the profession in Great Britain and the Continent regret deeply the position of affairs, and it is hinted by the *British Medical Journal* that they may withdraw their acceptance of the invitation to hold the congress in Washington.

The *Medical News* proposes that the matter be settled in the following way: by dropping the code question entirely, confirming all the appointments of the original Committee, and leaving to the enlarged Committee which it created the work of making additional appointments, completing the organization, and carrying out the work to its completion.

FOREIGN BODIES LEFT IN THE ABDOMEN AFTER LAPAROTOMY.

In a recent number of the *Transactions of the American Gynecological Society*, Dr. H. P. C. Wilson, of Baltimore, contributes a paper on this most important subject. He is convinced that the accidental inclusion of forceps, sponges, etc., in the peritoneal cavity after laparotomy, is a much more frequent cause of death than is generally supposed. Dr. Wilson has been able to collect 21 cases, of which six, including his own, have been published. This shows that more than two-thirds of all the known cases never come to light; and, from the want of necropsies, the unknown must be very much more numerous. Six of the 21 cases occurred in the United States, Dr. Wilson's being the only one that has been published. Out of 15 in Europe, five have been published. Of the six American cases a sponge was left behind in five, and a pair of forceps in the sixth. Two of the six died, and four recovered after the timely extraction of the foreign body. In three

the error was detected at or immediately after the close of the operation. In one a sponge, and in one a pair of forceps, were discovered after the patient's death. In one (Dr. Wilson's), the presence of the sponge in the abdominal cavity was not suspected till it worked its way to the surface months after the operation, and was successfully removed from an abscess-cavity near the umbilicus by Dr. G. H. Hocking. Of the 15 European cases 10 have never been published, and are mentioned by Dr. Wilson on the authority of Mr. Lawson Tait, who added an eleventh in his own practice, where the error arose through the sponge having been torn in halves. The same accident occurred in one operation performed by Dr. Kocher, of Berne, and is published in a paper on Ovariectomy in Switzerland, which appeared in the *British Medical Journal* of January 28th, 1882. In two cases in Sir Spencer Wells' operative experience, a foreign body was left in the peritoneal cavity—a sponge in the first, and a pair of forceps in the second instance; in both the patient recovered after remedy of the oversight. In the fourteenth of the European cases a sponge was found at the necropsy of a patient of Dr. Carl Braun; and in the fifteenth, a case of Dr. Gustav Braun, a bull-dog forceps was found under similar circumstances.

Meetings of Medical Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

(From our own Correspondent.)

At the last meeting of this society, under the title of "A few notes on Gynæcology," Dr. Laphorne Smith related what he had observed during a few weeks spent at the New York hospitals and dispensaries for women this spring. He began by referring to the great frequency with which the operations for lacerated cervix and lacerated perineum were performed. The necessity for these operations having been called in question by some English writers, he stated that the American operators were fully justified in their practice by the great relief to the patient from reflex symptoms in distant organs, brought about by the re-

moval of cicatricial tissue from the angle of the wound and the union by first intention of the sides of even a slight laceration.

He noticed that the operation was often performed rather as a speedy method of getting rid of the hypertrophied tissue of the subinvolutus uterus and of the cervical glands which had undergone cystic disease, than merely for the sake of uniting the laceration; and he instanced one case where Dr. Hunter had removed the uterine tissue nearly as far as the internal os, leaving only a small shell of the cervix to serve for the flaps.

The operation for lacerated perineum was also performed for the purpose not only of affording support to a prolapsed uterus and for the cure of rectocele, but also for the purpose of rendering coitus more satisfactory to the husband, as well as to favor conception by increasing the depth of the seminal lake at the upper and back part of the vagina.

In these operations the reader remarked how completely the tenaculum and scissors had replaced the forceps and knife.

In an operation for removal of the uterus for fibroid, by Dr. Hunter, he noted the extraordinary precautions taken to avoid the entrance of a single drop of blood into the peritoneal cavity, a result obtained by wrapping the edges of the abdominal wound in warm carbolyzed towels which were changed as soiled. All cases of abdominal section at the Women's Hospital were performed in detached cottages.

He was glad to state that notwithstanding the great experience and skill of the surgeons, and the almost unlimited means at their disposal, the results attained by our Montreal surgeons would compare favorably with any attained there.

Coming to minor details, he showed Wylie's dilator, and pointed out its advantages over all kinds of tents and metal bougies; the principal being that the dilator was exceedingly easy of introduction and all the force used is expended in dilating, while with bougies a great deal of power is lost in pushing the womb, in order to force the instrument in. The mechanical dilator is also more speedy, and free from dangers of septic absorption.

The reader then referred to the frequency

and freedom from danger with which Thomas' blunt curette was used as a diagnostic and curative agent, in cases of menorrhagia due to retained placental tufts and to polypoid vegetation.

The extent to which the medicated cotton tampons have taken the place of pessaries was noted, the value of glycerine tampons and hot water douches in the treatment of subinvolution were briefly touched upon.

The paper concluded by the relating of a case of chronic cystitis in a female patient under Emmet's care, which was cured by having a vesico vaginal fistula made so as to give the bladder perfect rest.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

July 7th, 1885.

The President, Dr. White, in the chair.

Specimens were shewn by Dr. McCargow of two kidneys containing a number of gummatous growths, the following report being given of the case by Dr. J. Cochrane:—When the patient entered the hospital there was no history of syphilis to be obtained. Soon afterwards two growths like horns appeared on the forehead, evidently of a fibroid nature. Afterwards chest symptoms appeared, there being effusion, which, after a small amount of fluid was withdrawn by a hypodermic needle, seemed to subside. There was also noticed a gradual hardening of the glands of the body. Specific treatment was adopted but was of no benefit, the patient dying of exhaustion. Post mortem—there were thickening of the pleura and general adhesions; the cavity contained between eight and twelve ounces of fluid; there was also effusion into the pericardium. The left lung was healthy, but there was great fibroid thickening of the right, there being a fibrous band passing through it from pleura to pleura. Liver and spleen were healthy, but the kidneys were enlarged and congested and contained a number of large yellow gummata. The peritoneal glands were enlarged, while the glands of the groin were broken down. In reference to this case, Dr. Woolverton, under whose charge the patient had been, stated that

at first she had indefinite pains in her legs; the growth on the right frontal region had increased in size up to the time of the patient's death. Two months before she began to have a cough and continued elevation of temperature, the dulness extended rapidly and the chest was seen to be enlarged; after the exploratory aspiration the effusion seemed to decrease, and friction râles were heard, so further operation was postponed; the symptoms improved for a while, but afterwards enlargement again took place, and death at the last was rather quicker than expected. The disease of the lungs he considered to be syphilitic.

Dr. Malloch thought that it was a case of tertiary syphilis, and that the swellings on the scalp were not properly interpreted, for if their softness had been considered, they would not have been thought secondary, as they had been suspected to be.

The other specimens shown were a uterus with a growth attached to the fundus of the size of a strawberry, and two intermuscular growths, and a portion of cancerous liver. The history given by Dr. Cochrane was as follows: There was no definite symptom at first except an inability to retain anything on the stomach, which was thought due to alcoholism; afterwards the condition of the liver was diagnosed. The patient's illness was not of long duration. Post mortem—the liver was found to weigh over five pounds and was studded with cancerous masses, some of them as large as half an orange. In regard to this case, Dr. Mullin inquired if there was any primary seat of the cancer, and was inclined to think it might be in the uterine growths. Dr. McCargow thought it was in the liver itself, and that all the symptoms pointed to malignancy. Dr. Mackelcan inquired if there was any ascites, as in his experience it was generally present in cancer of the liver. Dr. Griffin asked if there was any disease of the pancreas, but none had been observed.

Dr. Hillyer then read a paper on "Typhoid Fever," giving an account of an outbreak of an epidemic character which occurred in the County of Norfolk, in April, 1860. At the time there was a good deal of discussion as to the nature of the outbreak, some of the local physicians calling it typhus, some pernicious,

some typho-malarial, and others typhoid, there being such a variety of symptoms as to warrant the differences of opinion. The epidemic extended over an area of from ten to twelve square miles, amongst a poverty-stricken and hard-working backwoods population. The disease was first noticed amongst lumbermen who had come from Illinois, where a similar epidemic had been raging. Out of five members in the first family attacked, the mother and three children died. The second family attacked were relations, and had visited the infected dwelling while they themselves lived in a one-roomed badly ventilated house. The symptoms presented by those attacked first were typical of the epidemic, and were as follows: epistaxis occurring early with decided chills, followed by fever, flushed and dusky complexion, accelerated pulse, furred tongue, and general feeling of languor and debility. After the first few days when there was an intermission, the fever gradually became continuous. Nervous symptoms also were present, viz: restlessness, aching of the back and limbs, headache and insomnia. The bowels were loose with the characteristic discharge. As the disease advanced, the pain increased in the right iliac region, abdomen became tympanitic, tongue dry, swollen and of a brownish color, which gradually increased to black. A petechial eruption appeared over the body, with sudamina on the neck and portions of the chest; black sordes appeared on the teeth and gums, and delirium with a general typhus condition supervened, while there was a pungent and penetrating odor from the body. The patients evinced great feebleness, while the skin showed great lack of vitality, sloughing taking place on blistered surfaces. Finally the pulse gave way and became excessively frequent and fluttering, the extremities cold and clammy, and the abdomen enormously distended. After referring to some cases which presented different symptoms, and more of a typhus character, there being no enteric symptoms, costiveness being present from the outset, while in others gastric symptoms were most prominent, he proceeded to speak of the contagiousness of the epidemic, instances being noted where those who had gone away to escape the disease had been stricken down with

it, while on the other hand, those who had been constant in their attendance had in some cases escaped. Another feature of the epidemic spoken of, was, that for months, wherever its taint extended, all forms of inflammatory action assumed an asthenic type, and typhoid symptoms were sure to develop. The writer then took up the nature of the epidemic, after which he gave an account of the treatment adopted. This was chiefly of an expectant nature with special treatment of an ordinary kind for the ordinary symptoms. A discussion followed, the general idea being that the epidemic was one of typhoid. Some conversation also took place on the question of what constituted typhoid fever, and whether it could exist without the special enteric symptoms.

Obituaries.

DR. WM. G. METCALF.

It was a sad shock to the Profession of this country when it became known, on August 13th, that a savage attack had been made on Dr. Metcalf by a murderous lunatic. A severe wound had been inflicted in the abdomen with a knife, and death ensued on Sunday, the 16th.

He was born in Uxbridge in 1847. In 1870 he commenced his medical studies in the Toronto School of Medicine. During his student's course, he became a clinical assistant in the Toronto Asylum under Dr. Workman. He graduated in Toronto University in 1874, and for a short time practised in Windsor. He was there offered the position of Assistant Superintendent in the Toronto Asylum, which he accepted. In April, 1878, he went to Kingston, to take the place of the Superintendent, Dr. Dickson, who had a year's leave of absence on account of poor health. As Dr. Dickson was never able to resume his duties, Dr. Metcalf received the permanent appointment in 1879, and remained there till the time of his death. In 1876 he was married to Miss Bustin, of Uxbridge. She died in 1880, leaving two daughters. In 1883 he was married to Miss Clarke, a daughter of the present Speaker of the Ontario Legislature. He leaves his young wife and two daughters to mourn for him.

It was a matter of surprise to many that his advancement was so rapid; but this did not extend to his numerous friends who knew him well. His untiring industry and sterling worth had rendered him eminently fit for the position, and his appointment proved in all respects satisfactory. He was one of the best examples of a young Canadian who rapidly attained a distinguished position by his own unaided efforts. On his private character we cannot dwell, excepting to say that it was such as to make him truly beloved and trusted by all with whom he came in contact.

DR. W. H. MACDONALD.

It is with extreme regret that we have to announce the sudden death of Dr. W. H. Macdonald, who had been practising in Toronto during the last three years. He graduated in Trinity Medical School, and after spending a year as resident assistant in the Toronto General Hospital, and another year in Great Britain he settled in this city. He possessed good abilities, was very popular both with the profession and the public, and his prospects were unusually bright. He was twenty-nine years of age.

DR. R. S. KING.

Dr. R. S. King, of Port Robinson, died August 6th, at the age of 68. He was born in the County of Wexford, Ireland, graduated in Medicine in Dublin, and came to Canada in 1844. He went to Port Robinson in 1847, and was successful in building up a large practice. During the Fenian Raid of '66 he was Captain of the Welland Field Battery, and in an action at Fort Erie he was wounded in the leg, which was subsequently amputated.

Personal.

Dr. G. S. Ryerson has returned from the North-West. We are glad to know that he is in excellent health, and has already resumed practice in his speciality.

Miscellaneous.

Dr. Bartholow's work on *Materia Medica* and *Therapeutics* is to be translated into French.

The *New York Medical Journal* says that a variety of anthrax prevails among cattle at Bloomington, Illinois.

A marble bust of Sir James Paget will be placed in the building of the Royal College of Surgeons of England.

Prof. Von Fehling, of Stuttgart, well known as the originator of "Fehling's Solution" for testing grape sugar in urine, is dead.

The new committee of the American Medical Association for the International Medical Congress will meet in New York, Sept. 3rd.

The old code is suffering severely from wounds received at New Orleans, where she was stabbed in the back by some of her own adherents.

The Meeting of the British Medical Association for 1886 will be held in Brighton, Dr. Withers Moore of the same city being President

Mr. Erichsen will run as the Liberal candidate, at the coming election, for the representation in Parliament of the Universities of Edinburgh and St. Andrews.

Drs. Tilt, Fancourt Barnes, Bantock, Heywood Smith, A. Wynn Williams, and Mr. Knowsley Thornton have been elected corresponding members of the Boston Gynecological Society.

Dr. Protheroe Smith, who was one of the English visitors at the Canada Medical Association meeting last year in Montreal, was the founder of the Soho Square Hospital for Women, in London, England. After 43 years of active work in that institution he has resigned the position of Senior Physician, and has been appointed a consulting physician.

THE Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."



EDITORS AND PROPRIETORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

SUBSCRIPTION, \$3 PER ANNUM.

 Literary Communications may be addressed to any of the Editors.  All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 40 Queen Street East.

TORONTO, OCTOBER, 1885.

Original Communications.

PUERPERAL MANIA.

T. K. HOLMES, M.D., CHATHAM.

That form of mania following and depending upon childbirth and the puerperal state is of much interest, because of its frequency, danger, and liability to become chronic. The object of this paper is not to enter into a discussion of the subject very fully, but to invite attention to some points that I have found of much importance in the successful management of some of these cases. The views advanced are the result of the clinical observation of twelve cases of the disease which I have either had under my own care or have seen in consultation. Only those cases that have been examined with sufficient care to enable them to be of use in establishing the views advanced in this paper will be reported.

The chief causes of puerperal mania, as given by all authorities I have been able to consult, are heredity, moral influences, dystocia, anæmia, and eclampsia as predisposing; while as exciting causes are mentioned moral emotions, toxemia, albuminuria, and exhaustion. Clinical observation of a number of my cases leads me to the conclusion that there is another etiological factor of frequent occurrence that I have been unable to find mentioned by any writer. I refer to laceration of the cervix uteri. Doubtless it will occur to everyone that, as this accident happens so frequently and no mania results, little reliance can be placed on it as

a cause of puerperal mania. The same, however, is true of all causes mentioned above, the conditions existing without the supervention of maniacal symptoms.

The explanation of want of uniformity in results from uniform causes lies in the great diversity of material upon which these causes act. What would excite mania in one person might produce hysteria, melancholia, or neurasthenia in another. It may also be objected that a large number of these cases of insanity recover without having the laceration cured. This is true, but it will be admitted that the great majority of lacerations heal spontaneously in a few days or weeks, corresponding in time to the recovery of sanity in most of these cases; and even where they do not heal, they undergo change and become covered by mucous membrane, which lessens very much the local sensitiveness and favorably modifies the condition of the torn surface.

There are circumstances, moreover, connected with this form of insanity that lend plausibility to the view above stated as to causation.

Dr. Bucke has pointed out, in his book on "Man's Moral Nature," the strong probability that this has for its physical basis the sympathetic nervous system, and that disease of those organs exclusively, or almost exclusively, supplied by that system leads to perversion of the moral and emotional nature. This only requires to be done to a sufficient degree to constitute a form of insanity. He also calls attention to the fact that disease of the stomach,

ovaries, suprarenal capsules, and uterus, organs entirely—or almost entirely—supplied by the sympathetic system of nerves, produces disturbance of the moral and emotional faculties altogether disproportionate to the gravity of the disease, while other organs receiving a very small supply from the sympathetic—as the lungs—may be fatally diseased, as in phthisis, without causing even much depression of spirits, so that the hopefulness and cheerfulness of the consumptive have become proverbial.

The well-known changes that take place in the composition of the fluids of the body during pregnancy and the puerperal state, and the constant demands made upon the emotional nature by fear, anxiety, and domestic cares during pregnancy, are sufficient predisposing causes to render easy an outburst of mania upon the supervention of an exciting cause. The fuel is ready, and only requires the match to inaugurate the conflagration. It is not unreasonable to suppose that an accident so serious as a cervical laceration in an organ almost exclusively supplied by the great sympathetic should act as the match and set the system ablaze.

The foregoing considerations would be valueless unless confirmed by clinical experience, and it is with the hope of contributing confirmatory evidence of this kind, and so adding something—however slight—to the knowledge of this subject, that the following cases are reported:—

CASE I. Mrs. Jos. F——, of good family and personal history, was delivered of her first child on the 17th of Nov., 1869, and became maniacal on the 20th of the same month. I saw her first on the 14th of Jan., 1870, and then learned that she had not been sane since her child was three days old. She showed no love for her baby, took no interest in her domestic duties, and required to be kept under some restraint. There was a multiple laceration of the cervix, which, under the plan of treatment then practised, would have required several months to cure. Circumstances prevented this prolonged treatment from being carried out, so she was sent to an asylum, where, I believe, she died about two years afterwards without having recovered sanity.

CASE II. Mrs. H——, aged 25, was free from hereditary tendency to insanity, and had had an excellent personal and family history. Her health during pregnancy was exceptionally good, and her labor was apparently easy and natural.

The child was born on the 9th of Jan., 1874, and on the 13th she showed signs of melancholia and complained that her friends had lost all affection for her. She was morose and frequently cried, but no marked change was noticeable for three months, when she became worse, expressing herself doubtful of the legitimacy of her child and becoming suicidal. Other means failing a uterine examination was made, and a laceration detected. It healed rapidly under appropriate treatment, when all mania disappeared, and her health has remained excellent. She has borne two children since.

CASE III. Mrs. Jos. R—— had her fourth child on the 28th of Oct., 1877, and was well until the 30th, when she suddenly became violently insane. Chloral was given to secure sleep, and at the end of two weeks she regained sanity, but continued in bad health and very nervous and despondent for the next two years, when I was led to examine the uterus, and discovered a stellar laceration. This was cured, and her health has been robust since. Two subsequent confinements have not caused any return of the symptoms of nervousness or insanity.

CASE IV. Mrs. Joseph B——, a primipara of good history, was delivered in November, 1877, and became maniacal within a week. I saw her first on Dec. 5th, when the disease had lasted about a month.

An anæsthetic was administered and an examination made, revealing a bilateral laceration of the cervix uteri. Copious douching of the torn parts with hot water produced almost immediate improvement in her mind, and by the time the laceration was cured the maniacal symptoms had entirely disappeared, and her health has remained good up to the present time. My friend, Dr. Murphy, also saw this case.

CASE V. Mrs. Thos. M——, of good history, was confined on the 29th of Jan., 1883, and within ten days became morose and silent, dis-

regarding her child and refusing to converse with her friends. During the summer she became worse, and several times escaped from home, and on one occasion spent the night wandering in the woods. I saw her first on Sept. 2nd, 1883, and found her morose and disinclined to conversation or to any domestic duties. She was emaciated and sleepless, and could not be persuaded to take medicine of any kind. A uterine examination showed a cervical laceration which, although slight in extent, was slow in getting well, owing to irregular attendance, as she lived a number of miles from town and could not be seen as often as necessary. Treatment was continued until Dec. 5th, with gradual improvement in her mind and in her general health, and as the local ailment was now well, the subsequent treatment was medicinal and hygienic, and by the end of Feb., 1884, she was as well as ever, and has remained so.

CASE VI. Mrs. F. G——, a patient whom I saw in consultation with Dr. Murphy on the 10th of Jan., 1877, and found her with a young baby and violently insane. A uterine examination was spoken of at the time, but it was not made owing to her unmanageableness. Dr. Murphy pursued the usual plan of treatment recommended in these cases until April 24th, when her husband, on his way to the asylum with her, called at Dr. Murphy's office. By the doctor's courtesy I saw her again at that time, and we succeeded in making an examination of the uterus, and found the cervix quite badly lacerated. The doctor informs me that the contemplated asylum treatment was abandoned, and that as soon as he cured the local lesion she regained sanity and has had no relapse up to the present time.

CASE VII. Mrs. Wm. T——. Was called to see this patient on the 16th of Nov., 1884, with the view of obtaining her admission to the London Asylum, and did obtain permission from the authorities there to have her sent.

At the time of my visit I explained to her husband the possibility that her mania, which began three months previously, and very soon after child-birth, might be due to cervical laceration. Before a vacancy in the asylum occurred, I examined her and found, as I had surmised, that the cervix was lacerated. The laceration

was cured, and with the result of a complete restoration of her mental faculties, which has continued till the present time.

CASE VIII. M. D——, a primipara, age 21, unmarried, was confined in a Detroit hospital on the 3rd of May, 1885. The labor was difficult, and on the fourth day she became maniacal and escaped from the hospital, but was found two blocks away and brought back. She remained very insane until the middle of July, when improvement began.

Dr. McKeough examined her on the 28th of July, and found a small laceration, angry in appearance, and there was a copious cervical discharge. These have now been nearly cured, and while she is still rather morose, she has resumed her usual domestic duties and is in fair health.

CASE IX. Mrs. J. R——, age 20, a primipara, was confined on May 3rd, 1884, and became insane on the 6th. Under moral and medicinal treatment, she became more sane, and was able to be brought into town, a distance of fourteen miles, on June 7th, when an examination made by Dr. McKeough and myself revealed laceration of the cervix. This was cured, and her health, both mental and physical, has been good since.

CASE X. Mrs. H. E——, age 24 years, of good history, was delivered of her third child in March of the present year, and remained well, but sleepless, until the eighth day, when she suddenly became violently insane. She received careful and attentive treatment from the medical attendant, but made no improvement, and required constant watching and restraint. I first saw her on the 14th of June and performed trachelorrhaphy. Improvement since has been steady, and she is now in perfect health, both mentally and physically, (able to do most of her household duties.)

CASE XI. Mrs. J. R——, age 39 years, was delivered of her fifth child seven years ago, and became insane soon after, and was for some time an inmate of the Toronto Asylum. Since that time she has been well about one-third of the time, the attacks of melancholia lasting about four or five weeks, when there would be an interval of two or three weeks when she would be quite cheerful and apparently well. Her

brother is in the asylum, and her father was insane and died so.

On July 13th, 1885, I performed trachelorraphy. The laceration was bilateral and extended nearly to the vaginal junction. The case is still under treatment.

CASE XII. Mrs. E. R.—, age 34, of good family history, had a miscarriage eight years ago, and was confined at full term, Aug. 18th, 1880. There was a small cervical fibroid tumor that rendered the labor difficult, and which I removed on the 8th of Nov. following. She became gradually more and more melancholy after the birth of the child, and was still worse after the removal of the tumor, being unfit to manage her household duties, and a source of great care and anxiety to her friends. There was a cervical laceration which slowly got well by the use of topical applications, and her mind recovered cheerfulness in part. In June, 1883, she was again delivered, made a good recovery, and has since remained quite well.

A clinical study of these twelve cases leads me to believe that cervical laceration is not an infrequent cause of puerperal insanity, and that until its etiological influence is known and settled the subject is well worthy the consideration of medical men.

The appointment of a specialist as consulting surgeon to each of our asylums would aid very much in the solution of this question, and if the views advanced in this paper be proved to be well founded and correct, it would be the means of restoring some to health and to their families who might otherwise spend their days in an asylum.

MODIFIED FORM OF TYPHOID FEVER.

BY G. L. MILNE, M.D., C.M., VICTORIA, B. C.

Some discussion has taken place lately as to the source and cause of typhoid fever and its various modes of attack, especially the recent outbreak in Plymouth, Pa., and its modified form in the beginning as described by Dr. L. H. Taylor, in the *Medical News* of May 16th, in which he states: "It broke out with great virulence, and some diversity of opinion existed; it was variously declared typhoid fever, typhoid ma-

larial fever, typho malarial, meningitis, until its true nature was made manifest."

After reading his paper, I thought to submit this article on a modified form of typhoid fever which was prevalent in this city from last October continuing until the middle of April of this year, with a slight intermission in the month of December, when three weeks' frosty weather seemed to arrest its progress for a time.

The fever in the majority of cases was severe, especially in the first week; prominent symptoms of typhoid fever were absent, and if present, not severe; the most notable feature was that the death rate was low.

The number of cases I have kept record of is forty-four, with three deaths from fever, one from phthisis following the fever.

As to the cause of the epidemic various theories are advanced. No investigation was made by the authorities, but it may be safely attributed to the usual causes—impure water, contaminated milk, surface drainage, which is the system adopted here. No doubt the early wet fall, together with occasional sunshine and the mild weather which continues through the winter on the Pacific coast, all tended to propagate the disease.

I will give the history of a case which may be taken as a type of the disease:

Jan. 9th, 1885. M. N., a married lady, aged twenty-one. Two or three days previous to my visit complained of pain in back and limbs, headache. The day before I saw her, she had chills. Temperature at first visit $103\frac{2}{3}$ in the morning; pulse, 105. Evening temperature, 104; pulse, 110. Skin hot and dry. Tongue coated and moist. Bowels constipated. Wakeful.

10th. Morning temperature, $103\frac{2}{3}$; pulse, 100. Stools dark and offensive. Evening temperature, $104\frac{2}{3}$; pulse, 108. Slight deafness. Slight gurgling over right iliac fossa. No delirium.

11th. Morning temperature, $103\frac{2}{3}$; pulse, 100. Tongue moist. Bowels constipated. Evening temperature, 104; pulse, 108.

12th. Temperature and pulse continued the same for remainder of the first week.

16th. Temperature, $102\frac{2}{3}$; pulse, 85. Evening temperature, $103\frac{2}{3}$; pulse, 90. Bowels still constipated, although stools lighter in color.

No rash visible, deafness still continues, headache almost gone, sleeps better, slight pain in bowels, although not tympanitic. Patient remained much in the same condition during the second week with slight fluctuations of temperature.

23rd. Temperature morning, $101\frac{1}{2}$; pulse, 85. Evening temperature, $102\frac{3}{4}$; pulse, 90. Bowels constipated, sleeps well. No delirium. Tongue red, but moist. The only change worthy of notice during this week was the greater remissions in the morning temperature.

29th. Fourth week. Temperature morning, 99; pulse, 78. Evening temperature, $101\frac{1}{2}$; free perspiration. Bowels constipated. No tympanites. At the end of this week morning temperature stood $97\frac{2}{3}$; evening, $98\frac{2}{3}$. The temperature in a few days returned to normal. Patient very weak. Convalescence slow.

In comparing the usual course of typhoid fever with the history given, which may be taken as a type of the majority of cases, we find the absence of some of the prominent symptoms of typhoid fever, namely, delirium, tympanites, dry tongue, diarrhoea.

Having in these cases high temperature almost from the beginning, and in the majority of cases a low pulse rate as compared with range of temperature. The temperature also declining about the tenth day instead of being at its height, as in true enteric fever.

I may state that delirium occurred in only two cases; epistaxis, 4; hæmorrhage of the bowels, 2; rash, 10; peritonitis, 2; dry tongue, 3; diarrhoea, mild, 4.

Complications were as follows: Bronchitis, 12; pneumonia, 2; phlegmasia alba dolens, 1; coma, 1; phthisis, 1.

Deaths from the following causes: Heart failure, 2; coma in child, second day of fever, temperature in axilla before death, 105; peritonitis, 1; one of phthisis, six weeks after the fever, had been phthisical previous to the fever. Relapses took place in two cases.

As to the treatment, cold sponging with an occasional antipyretic dose of quinine when fever ran high, but quinine had no control over the disease—its action only being temporary; cold sponging when the fever exceeded 102, and good nursing with fever diet, seemed the

most essential. Treating other symptoms as they arose.

I have seen some good effects of calomel in the beginning cutting short the disease in some cases after free action of the bowels was obtained. By way of prophylaxis thorough disinfection was maintained.

No doubt, in various parts of America a difficulty often occurs in the diagnosis of fevers, especially where malaria exists, as in many of the Southern and Western States. But have we not epidemics of typhoid fever in non-malarious districts where typhoid is so modified as to change its usual course, in which case it may pass for remittent or simple continued fever?

Of late, authorities have endeavoured to introduce into the nosology of fevers, sewer gas fever, septic fever, etc., and no doubt upon good grounds, as these cases do occur.

From sewer emanations a fever exists similar to a continued fever, and septic fever is no doubt of the same character. The duration of the fever is shorter than that of enteric fever.

In an editorial, the *Medical News* of Sept. 22nd, 1883, it reads, referring to septic fever, "as a form of fever arising from decomposing organic matter received into the system of man." The occasion of the above article was due to an epidemic which occurred at Rye Beach, in which it is assured that there was absence of any source of typhoid poison having reached the inmates of the cottages.

Thus we have, at least, two kinds of septic fevers, which have been recognised of late as a cause of continued fever. Then we have the various forms of malarial fevers, which are said to produce continued fever, which are worthy of further investigation as differences of opinion exist.

At the meeting of the Maine Medical Association last year, Prof. J. T. Dana spoke upon undeveloped typhoid fever, taking the ground "that whereas in former years typhoid fever was definitely typically developed, it has now, in the greater part of the State, become of less severity, not so well developed, in fact, "atypical." And also I quote from the report on medicine by the Wisconsin State Medical Society of 1883, which states as follows (*Med-*

ical News, Sept. 29, 1883): "The character of the fevers in the North-west were discussed at length, whether these were typhoid, typhoid malaria, or simple remittent. The conclusions being that they were chiefly of malarial origin, even though there may be intestinal hemorrhage and cases may reveal softened or disintegrated intestinal mucous membrane, or even some form of ulceration of Pyers' patches."

One would hardly come to any other conclusion under our present knowledge, from the pathological condition referred to above, that typhoid fever was the true cause of such lesions; and it is generally conceded that typhoid fever supplants malarial fevers if they co-exist, hence the mistakes in diagnosis.

Dr. Bartholow maintains that typhoid supplants malarial fevers during the period when populations increase in districts. He also states that typho-malaria is a misnomer and should be abolished, and assumes that where typhoid poison exists, malaria ceases to be active. Where malaria exists it is evident that difficulties arise in diagnosis. Intermittent, remittent, and simple continued fever would all tend to confound the diagnosis of typhoid fever.

In the Middle States of America, malarial fevers have been by some authorities classified intermittent, remittent and continued malarial fever. The profession, no doubt, would accept the first two named as being properly attributed to malaria; but continued malaria, in which it is self-limited and cannot be shortened, should be properly classified as typhoid fever.

Maury, on "Fevers of the Mississippi Valley," in the *American Journal of Medical Sciences*, April, 1881, maintains that continued malaria is distinct from typhoid fever; but as he was unable to obtain autopsies of his cases, cannot give the pathological condition in his fatal cases, but the abdominal symptoms were absent, and concludes that these would seem to bear no relationship to typhoid.

I quote the above to show that in various parts of the Continent fevers exist in a modified form, and that many authorities differ widely on the question of causes and classification of fevers. I believe differences exist on this coast as to the kinds of fevers prevalent. Recently, I have seen patients in this city who

came in search of health, from San Francisco and California, that had been treated for typho-malarial fever, where considerable deafness remains and is likely to be permanent from the excessive use of quinia in this disease.

I have taken these extracts for comparison, in a geographical point of view, namely, from Maine on the Atlantic, and several Middle States, in order that we may compare them with the Northern Pacific Coast. No malaria exists here, as this city may be said to be built upon a rock, being almost surrounded by salt water—the Straits Juan de Fuca. But still we find the same condition in the non-malarious districts, the same vacillation in the forms of typhoid fever.

In conclusion, the following are the chief points which I wish to draw attention to in this communication:—

1st. The peculiar mode of attack in this epidemic, the temperature being the highest on the second or third day of fever, and beginning to decline about the tenth day, with mild enteric symptoms and low mortality.

2nd. Although the sanitary condition of the city was unfavourable, the typhoid poison did not seem to cause a virulent form of typhoid fever.

3rd. The epidemic referred to was similar to the continued malaria of some writers who live in malarial districts; but as for this city and district, the presence of malaria must be dispelled as now exists.

4th. That the so-called typho-malarial and continued malarial fevers are misnomers, as in the presence of the typhoid poison malaria ceases to exist, and the continued malaria of some writers are no doubt cases of modified typhoid fever, as quinia, even in large doses, has no control over the fever, nor does it seem to check its progress.

5th. That epidemics of modified typhoid fever occurs in all parts of the Continent—the Atlantic coast and Middle States where malaria exists; and also on the Pacific coast where malaria is unknown. Taking the subject in a topographical and geographical point of view, the study of typhoid fever in a modified form is of the utmost importance, especially as to treatment.

6th. That the treatment of all continued fevers should be conducted as if true typhoid existed, no matter how modified the symptoms may appear. The death-rate under these circumstances would be very much reduced.

Selections.

ON THE OCCASIONAL LATENCY AND INSIDIOUSNESS OF GRAVE SYMPTOMS IN CONNECTION WITH THE PUERPERAL STATE.*

RY W. O. PRIESTLEY, M.D., LL.D., F.R.C.P., ETC.

When serious disease attacks the puerperal patient, it commonly declares itself within ten days after delivery, and indicates its presence by signs which are either unequivocal, or which at least are sufficiently marked to arrest the attention of the medical man, and to cause him to bestow more than ordinary care upon the symptoms. In reliance on this fact, women who have been delivered in maternity-hospitals are, if no untoward symptoms have appeared, allowed to leave after ten or fourteen days of convalescence.

But there are cases not unfrequently met with, in which the progress of puerperal disease is much more insidious, and in which the indications of what has been going on in the way of morbidity are not apparent until a much later period.

I have extracted from my notes the record of three or four cases, the details of which were jotted down long ago, but which were written out with more care than others of a like kind which have occurred in my later experience.

CASE I.—Mrs. J., a young wife about 20 years of age, was delivered of her first child on January 21st, 1868. She had not been well before her confinement, but suffered then from no very definite symptoms. She was of lymphatic temperament, somewhat lethargic, and all the functions of the body were performed in a somewhat sluggish fashion. Her appetite was indifferent, her speech deliberate or slow, and, although she endeavoured to take exercise

as a duty, there was no natural tendency to the cultivation of those active habits which, from an insurance point of view, are considered necessary to vigorous health.

When parturition came on, the pains were sluggish, and the labor lasted from early morning to half-past five in the evening; but there was nothing abnormal about it, nor was there any undue loss of blood afterwards. The uterus appeared to contract well enough to prevent hemorrhage, but it remained high in the abdomen, and, notwithstanding some manipulation, it continued to feel somewhat flabby and ill-defined in outline for some days afterwards. The patient was very anxious to nurse, and attempted to do so for some days; but the quantity of milk secreted was small, and eventually a wet-nurse had to be procured. She was on the sofa at the end of eleven days, and on the eighteenth day after her confinement was removed to another room on the same floor. There were no special symptoms up to this time, but she lost all appetite, and was listless in manner. She had occasionally an indefinite kind of flying pains about her, and a frequent sense of nausea, which culminated on the twentieth day in an attack of vomiting.

At the end of the third week, when it was thought she might begin to move about, she was indisposed to put down her feet and attempt to walk, saying she felt as if she had lost all power of walking. About this time she became impatient of light being admitted to her room, and preferred a darkened apartment. This phase passed.

On the twenty-eighth day she seemed better, and her monthly nurse left her, her engagement being at an end.

Soon after this she began to experience sharp pains in the limbs, and one wrist began to swell. Then other joints were affected, and she had indications of a general attack of acute rheumatism. The digestive organs also became thoroughly deranged, and there were repeated slight attacks of sickness, with nausea, constipation alternating with diarrhoea, and flushed face with quick breathing. The temperature rose, and the pulse was habitually 120. There were no signs of pelvic inflammation, but eventually the abdomen became excessively

* Read in the Section of Obstetric Medicine, at the Annual Meeting of the British Medical Association, held in Cardiff.

tympanitic, and no remedies gave more than temporary relief.

Dr. Playfair kindly took part with me in attendance on the case, when it became a more anxious one, and night as well as day attendance was required. Various consultants were called in, and among others the late Sir J. Y. Simpson was summoned specially from Edinburgh.

All efforts to save the patient proved to be unavailing, and she gradually sank and died on March 17th, about thirty-eight days after the birth of her child.

CASE II.—Mrs. W. was delivered of her second child on May 25th, 1868. Her confinement was natural, and she made, on the whole, an apparently favorable recovery afterwards. She failed, however, to nurse her baby, and seemed depressed and weak during her convalescence, complaining, from time to time, of fitting pain in her limbs, and being disposed to be somewhat hysterical.

I took leave of her at the end of the month, thinking her fairly well, but not strong. A few days later, on June 27th, I was asked to see her again. She had been out, and had resumed her household management, but now complained of severe rheumatic pains in her limbs, and she was so mentally depressed as to be quite unfit for her usual duties.

I prescribed some quinine for her, and saw her twice afterwards. Finding her not improving, I urged her to go out of town for change of air. This she did, but got no better, and the subsequent history proved that the seeds of mischief were slowly and insidiously developing in her circulation. She had not been long out of town before one eyeball began to swell, and it became the seat of excessive pain, from which there was no relief night or day. After a time there were evidences of suppuration being established, and eventually the eyeball burst, and entirely collapsed, thus entirely depriving the patient of the sight of one eye. After this she slowly recovered, and had no further indication of purulent infection.

This poor patient died in a subsequent labor, as the result of placenta prævia.

CASE III.—Mrs. R., aged 23, was delivered of her first child on October 2nd, 1865. The

labour was tedious, and the medical man in attendance, after allowing the second stage to go on as long as he thought was compatible with the safety of the patient, summoned me in consultation, and I delivered with forceps. The uterus contracted fairly well after the removal of the placenta, and there was no great hemorrhage. Two or three days after delivery, it was noticed that the uterus was inordinately large, but there was no tenderness and no fever. At the end of a week the patient had slight rheumatic pains in the limbs and chest. These were attributed to neuralgia, to which she was liable. No other symptoms raising the suspicion of pending mischief were noticed until a fortnight after delivery, when, in attempting to leave her bed, the patient complained of acute pain in the calf of one leg, and had to go to bed again. That evening and afterwards she was feverish, and had intermitting and throbbing pain in the back of the leg, with accelerated breathing. I saw her in consultation on October 26th, and found that for two or three days previously she had suffered from slight rigors towards night, and her temperature and pulse were both higher than normal. On examining the calf of the leg, it was found to be the seat of a phlegmonous swelling, and I thought I could detect fluctuation in the centre. The late Mr. Campbell de Morgan made an incision on the 28th, nearly a month after the date of delivery, and a large quantity of pus escaped from a deep-seated abscess. After this the patient recovered, and had no further untoward symptoms.

CASE IV.—A. E. T., aged 23, was delivered of her second child on December 12th, 1870. The patient was of lymphatic temperament, and disposed at all times to be inactive in her habits. During the early part of her pregnancy, she had suffered a severe mental trial in the sudden death of her mother, to whom she was tenderly attached. As the result of this, she had become depressed in spirits, could rarely be induced to take proper exercise, and grew inordinately stout for her years. She went to her full time, and her labor was natural, except that the first stage was tedious, from sluggish and irregular uterine action, and she was not delivered until forty-eight hours

from the commencement of the pains. There was no undue loss of blood, and the uterus contracted fairly well, but was somewhat large and flabby. The after pains were slight; but, three days after delivery, she complained of sharp pain about the right hip, which was relieved by an opiate and a poultice. After this all seemed to go on well, except that it was remarked her feet were habitually very cold, and occasionally there were neuralgic pains down the back of the right hip and front of the thigh, for which quinine and an anodyne liniment were prescribed. At this time, frequent examination was made to ascertain if there were any tenderness along the crural vein, or in the calf of the leg, but none was found. There was no rigor, and no indication of feverishness; but, three weeks after the confinement, I noticed, on passing my hand over the hypogastrium, that the womb was larger than usual for the time that had elapsed since delivery. It was not tender, but gave me the impression of being imperfectly involuted.

At the end of the month, the patient began to take her meals in an adjoining room, and to go about as usual, with no other inconvenience than apparent recurring neuralgia, and a tendency to hysteria.

In the middle of the fifth week, when dressed to go to the christening of her child, she became very faint, and was got to bed with difficulty. An attack of vomiting followed, and she was sick the whole day. These symptoms subsided, and she seemed to be progressing favorably, when, about a week later, either in dining out or in going to the theatre, she got her feet wet, and complained all the following day of being ill, and was very cold, although she did not shiver.

On Monday, January 31st, just seven weeks after the birth of her child, she was seized with agonizing pain in the right groin and front of the thigh. She became flushed and feverish, and was obviously suffering acutely. On being summoned, I sent her to bed, and, on making an examination, discovered an inflammatory swelling, of the size of half an orange, in the right iliac fossa. The pulse was 130; the temperature 103°. The urine was dark-colored, scanty, and loaded with urates. Two or three

days later, there was rheumatic swelling of both ankles, and the muscles of the legs were so painful and sensitive, that the weight of the bedclothes could scarcely be borne. Warm fomentations and sedatives relieved this condition of the lower limbs, and they were beginning to be movable again, when the wrists began to swell and redden, and the extreme sensitiveness was thus transferred to the upper extremities. The two hands were rarely equally affected. There were constant variations in the relative amount of suffering in them, and an apparent sudden metastasis, without obvious cause, in the course of a few hours, from one side to the other. Both hands were wrapped habitually in cotton-wool, and sometimes one could be moved, sometimes the other. This variable condition lasted a week, when, having complained of pain and stiffness in the neck and shoulder the previous day, the patient was seized with a stitch in the right side of the chest, and could not draw a deep breath without crying out. Sir William Jenner, at this stage, saw the patient with me in consultation. Characteristic symptoms of pleurisy set in somewhat rapidly. There were immobility in one side of the chest, dulness on percussion, and absence of respiratory sounds. The temperature was now 105°, the pulse 140, and the aspect of the patient betokened serious illness. The treatment consisted of full and frequent doses of opium or morphia, the strength being supported with bark and small doses of nitro-hydrochloric acid; and sufficient nourishment and stimulant was pressed at stated intervals. The pain in the chest was soothed with large poultices. During the pleuritic attack, the pelvic swelling receded somewhat, and seemed likely to disappear; but as the chest symptoms improved, which they did in a few days from their onset, the inflammatory tumor again became more prominent, and gave indications of pointing. At this period, the general condition of the patient was grave in the extreme. The temperature was rarely below 104° or 105°; the respiration was labored and hurried; the countenance indicated great anxiety; the body was often bathed in profuse sweat; and the pulse was so rapid and running in character, as to be unaccountable. Sir William Jenner re-

marked that it was an awful pulse. He had fears that the patient might die suddenly; and Mr. Butt, the family medical attendant, stayed in the house at night, while Sir William Jenner and I made frequent visits in the day. The propriety of opening the abscess, which was obviously forming above the left groin, was frequently debated, and was on the point of being carried out when spontaneous bursting took place through the skin. This was on March 27th, and a large quantity of purulent matter escaped. This proved to be the crisis in the patient's condition. From that time onwards she began to improve; all untoward symptoms gradually subsided; and she went to her country-house convalescent on April 20th.

The practical points, so far as our present knowledge goes, are to be able to recognise, at the earliest possible moment, the indications of mischief in these obscure cases, and not to be thrown off our guard by underestimating the importance of symptoms, which, apart from the puerperal state, may be of trifling consequence.

1. Perhaps I may be permitted to dwell on the importance of securing a full and perfect contraction of the uterus after delivery, as a prophylactic measure. In many cases going wrong, it has been observed that the uterus was inordinately large, thus indicating a dilated cavity, in which clots or fluid, which ought to be discharged, are retained, and which may thus become the nidus for the possible development of diseased germs. Further, in an imperfectly contracted uterus, the sinuses or large veins remain full of clot, or of fluid blood, which is more or less apart from the general systemic circulation; and is thus, like the back-water of a stream, stagnant, and ready to become a source of peril. Clots should, therefore, always be carefully removed from the uterus, as they form for some time after delivery; and pressure, with other means, should be conjoined to promote full contraction.

2. The occurrence of a rigor at any part of the puerperal period should never be disregarded. It is nearly always the forerunner of some less or greater commotion in the system, although the mischief it portends may not be observed until the suspicion excited by its advent has well-nigh died out.

3. The presence of rheumatic or obscure pains in the joints or muscles, even if they be flitting or transient, should be taken as indicating a possible contamination of the blood-current; and the case should be watched the more closely if the patient be depressed in spirits, or if she be prone to be apparently hysterical. If, with these symptoms, there be no evidences of deviation in any special organ, the heart should especially be watched, with the view of ascertaining if there be any indications of deposits in its valves. The sudden appearance of a *bruit* with the heart-sounds may be the precursor of embolism either in the pulmonary or in the general systemic circulation. The temperature should also be carefully recorded, as it is probable that, in all cases of insidious puerperal disease, the thermometer will indicate some rise of temperature.

4. It should be remembered that patients who are inert in temperament, and who lead inactive lives during pregnancy, are more prone to puerperal ailments than others of more active disposition, and thus require more careful supervision.

5. The treatment of suspected cases should consist of putting the patient in the best possible hygienic conditions, and improving vitality by the administration of quinine and a good but judicious diet.

6. As it is probable that all germs of disease are imported from without, and that those of a less virulent character only find an opportunity of developing themselves in the bodies of women whose vitality is below the normal standard, it may be possible in many cases to prevent disease altogether by improving the health of the patient, and by the proper use of antiseptic precautions both during and after delivery.

BROMIDE OF ARSENIC FOR PIMPLES.—It will be a great relief to suffering thousands to learn, on as good authority as Dr. Piffard, that the bromide of arsenic is a cure for pimples. He recommends a one per cent. solution, of which one or two minims are to be taken in a wine-glassful of water three times a day, on an empty stomach. The dose is to be diminished as the pimples begin to disappear.—*Med. Age.*

OVARIOTOMY IN BATTEY'S INFIRMARY.

We are satisfied that a large number of our readers have no idea of the magnitude of this special work done by Dr. Robert Battey, of Rome, and a detailed description of it will, we are sure, be of interest to them.

While in Rome some weeks since, we visited this infirmary, which is located on an elevation on South Street, overlooking the Etowah river. It consists of seven neat cottages of five rooms each, with beautiful grounds surrounding them. The place presents quite an attractive appearance. The furniture is plain, but neat. The bedsteads are brass with woven wire mattresses.

Since January 1st of this year, Dr. Battey has averaged one ovariectomy each week. These tumors, after being removed, are preserved in arsenic, stuffed and carefully put away. In the collection we noticed twenty of very large size, the largest one weighing, when removed, fifty-six pounds.

The success that has followed the removal of these large tumors has been something wonderful—not one of the cases having died. The doctor attributes this success, in a great measure, to the antiseptic precautions that he observes with every case.

The operation we witnessed was in a patient 32 years old. She had been remarkably stout and healthy up to September, 1884, when she noticed an enlargement of the abdomen. This continued to enlarge rapidly, and very soon she was treated for "dropsy," with drastic purgatives until her general health began to fail, without any diminution of the enlargement. Since December 1st, she has not menstruated. She was admitted to the infirmary four days prior to the operation, and the only preparatory treatment given her was a compound cathartic pill, given two days previous to the operation and an enema of warm water given on the morning of the operation. She was not allowed any food the night previous to the operation or the morning of it. It will be seen that at the time of the operation the stomach was empty.

The patient was placed on a short table with her feet resting in a chair, and was etherized with Squibb's ether by Dr. George R. West, one of the assistants.

The strictest antiseptic precautions were observed throughout. From the time the patient was etherized and the abdomen exposed, until the operation was completed, a spray of carbolic acid 1 to 40 was kept constantly playing on her from a large steam atomizer.

The incision was made in the median line with an ordinary scalpel, down to the sheath of the rectus muscle, when the remainder of the tissues down to the peritoneum were divided on a grooved director with scissors. When the peritoneum was reached, all cutting was suspended until the bleeding points had been secured by forceps, after which the peritoneal sac was opened and a trocar thrust into the tumor, when four and a half gallons of fluid almost as black as tar escaped. There were numerous adhesions to the abdominal walls which were broken up with the hand, after which the pedicle was ligated with a stout silk ligature and the tumor removed. It weighed 47 pounds. On account of the adhesions there was considerable oozing of blood into the peritoneal cavity. This was arrested by packing the cavity with sponges, after which the cavity was thoroughly washed out with warm water and the wound closed with silk sutures. No drainage tube was used. The dressing consisted of a small piece of old linen spread with carbolic cerate placed over the wound, with a compress of uncarded cotton. Over this was placed an abdominal bandage of flannel, which completed the dressing. The entire operation, from the beginning until the patient was removed from the table, consumed one hour and five minutes.

The after-treatment, as we are informed by Dr. Battey, consists chiefly in doing nothing. He says that the only thing required is an occasional anodyne enema, and a great many do not require that. Dr. Battey is ably assisted in this work by his son, Dr. Henry H. Battey, Dr. George R. West, Mrs. Battey and his two students, Mr. Harry Huzza, of this city, and Mr. Glover. Mrs. Battey has entire charge of the nursing and general management of the patients after the operations, and, in our opinion, it is to her good nursing and kind and gentle treatment, more than to the strict antiseptic precautions, that the great success of the operations is due.—*Atlanta Medical and Surgical Journal.*

JACCOUD'S METHODS OF TREATING PHTHISIS.

Professor Jaccoud is a unicist, believing all forms of phthisis to be tubercular. Clinically, however, he makes the usual distinctions of pneumonic or caseous phthisis, chronic miliary phthisis, or the ordinary form, and acute miliary tuberculosis. Leaving out the last-named type, the forms of phthisis which are most curable are, first, the pneumonic, and next the chronic miliary phthisis. The different types of chronic phthisis may be arranged, as regards possibility of cure, as follows: First of all, arthritic phthisis, or phthisis in rheumatic persons; next, the primary, then the scrofulous, the innate, the hereditary, and finally the diabetic form, which is always incurable.

M. Jaccoud announces a certain novelty in his conclusions and views on treatment. We turn, therefore, with special interest to this latter subject, which he, aside from his chapters on prophylaxis, divides into four heads; the hygienic, medicinal, climatic, and the treatment with baths and mineral waters. But little stress is laid upon anything but the climatic and medicinal treatment, these including, of course, ordinary hygienic measures.

M. Jaccoud has studied personally and with care the subject of climates. He makes but two classes of climates, and his views are simple, clear, and, so far as they go, correct. Climates are either high and cold, or low with a steady and mild temperature. High climates have a positive therapeutic effect, low climates are simply negative in value in that they only enable the system to be put in good general condition.

The subject of the medicinal, hygienic, and dietetic treatment is naturally most interesting, since, after all, in the vast majority of cases the victims of phthisis must depend upon these.

In the initial period of phthisis, Jaccoud recommends as a general course of treatment milk or kumyss twice daily, cod-liver oil or glycerine, and arsenical granules. Three ounces of oil daily is the least amount that will do any good, according to Jaccoud. This is certainly an important statement, since all over the United States cod-liver oil is given in doses of only two to four drachms. Arsenic should be

given in the form of granules of gr. $\frac{1}{8}$. Of these two are taken daily, and the number increased up to eight or ten. Glycerine may be substituted for oil, in doses of three to four tablespoonfuls daily. A drop of essence of mint and two drachms of rum or brandy may be added to it.

So much for general medicinal treatment; but our author attaches very great importance also to local indications. Counter-irritation over the affected part is always necessary, and the specially important thing is that it be kept up continuously. Jaccoud prefers to use Vienna paste. When cough is accompanied with habitual expectoration, pure creasote, in small doses, with the oil or glycerine, is recommended, and is believed to act upon the catarrhal as well as the pulmonary lesions.

Pyrexia is perhaps the most important single symptom to be opposed. According to Jaccoud this pyrexia is, generally speaking, either inflammatory or septic in origin. The symptomatic or inflammatory fever is usually best treated with quinine, about fifteen to twenty grains being given daily. In the absorption or septic, or as it is ordinarily termed, the "hectic" fever of phthisis, quinine is believed to be of no use, and in its place salicylic acid is very strongly recommended. Thirty grains are given on the first day, then twenty or fifteen on the second or third days.

We have not space to go further in description of Jaccoud's methods. In fact we do not find in them anything radically new. His judgment upon the value of inhalations and compressed air is on the whole favorable, and in accordance with present views. With regard to pneumonic phthisis, a strong point is made as to the necessity of early, continuous, and vigorous stimulation. Throughout the course of treatment the use of alcoholic liquors is advised.—*N. Y. Medical Record.*

TO PREVENT BUZZING OF EARS PRODUCED BY QUININE.—The distressing ear symptoms produced by the administration of quinine or salicylate of soda, are counteracted by the addition of small doses of ergot to the mixture.—*American Medical Digest.*

MILK DIET IN THE ALBUMINURIA OF PREGNANCY.

Tarnier's treatment (*Medical News*) of the albuminuria of pregnancy by an exclusive milk diet has counted in his hands, as well as in those of others, many successes, and it has received a very strong endorsement from Carpenter, among recent obstetric writers. Under this treatment it is usual to see the albumen lessen, in some cases disappear, and the symptoms which threaten eclampsia, such as headache, dimness of vision, indisposition to exertion, and drowsiness, cease, or become much mitigated. In some cases, however, it is important to conjoin with milk diet a hot bath once in three or four days. The temperature of the bath should be from 98° to 100°, and while in the bath or immediately after it, the patient should drink a tumbler of hot milk. A profuse perspiration usually follows, and the relief is prompt and positive. In one case, however, now under observation, a primigravida now in the eighth month, who has had albuminuria for at least four months, and who derives marked benefit from the hot bath, has also a very serious discomfort following it. There is unusual and violent activity of the fetus always occurring after the bath, so that she is for some hours unable to sleep—a very serious inconvenience, as the usual and most favorable time for the bath is just before retiring.

Valuable as most practitioners regard the milk treatment of the albuminuria of pregnancy, some entirely reject it. Pajot, for example, in a recent discussion held at the Paris Obstetrical and Gynecological Society, and reported in the *Journal of d'Accouchements*, May 5th, refers to it as a bitter pleasantry. One of his arguments against the milk treatment is that infants from six months to the end of the first year are peculiarly liable to eclampsia, and yet they are then on milk diet. Gueniot very well answered this argument by saying that those infants that have eclampsia are not albuminuric, and the milk diet in albuminuric pregnant women does not act upon the eclampsia, but upon the albuminuria; it is only indirectly by curing the albuminuria that it renders eclampsia much rarer. It is impossible to attribute infantile and puerperal eclampsia to the same cause.—*Weekly Med. Review*.

FRACTIONAL DOSES.

Dr. J. Lewis Smith recommends the following remedies as preferably given in small doses frequently repeated:—

Chlorate of potash, in large doses, sometimes causes dangerous nephritis; given in doses of 5 to 10 centigrammes (1 to 2 grains) every half-hour, it is safe and useful.

Croton chloral acts infinitely better when given in 6 to 7 centigramme doses every half-hour in cases of neuralgia. Quinine hydrobromate and napelline, in small and frequent doses, spare the stomach and cure the neuralgia. 5 centigrammes of caffeine, every 20 or 30 minutes, relieve cases of migraine. Tincture of digitalis, in drop doses, every hour or oftener, acts well in heart troubles. Liq. pot. arsenitis, in drop doses, relieve alcoholic vomiting. Jaborandi, in large doses, in Bright's disease, is dangerous; the fluid extract, in drop doses, hourly, gives relief without danger. Dr. Smith hesitates to use this remedy in uræmia; but the nitrate of pilocarpine, 5 millegrammes, repeated every 15 minutes until salivation and sweating ensue, may be safely used. If depression be too great, we can give stimulants. One drop of tincture of nux vomica, given after meals, every ten minutes, relieves the headache when not due to central nervous causes.

Flatulence and epigastric pulsations of females at the menopause give way to centigramme doses of extract of Calabar bean every half-hour. Tincture of belladonna, in small doses every half-hour, act well in cases of nasal catarrh and bronchitis, with abundant secretion. Feebleness of the heart in pulmonary œdema is also relieved by this remedy. Calomel, a centigramme every hour for 10 or 12 hours, causes syphilitic cephalalgia to cease. Regurgitations of milk, in nursing children, cease when we give every quarter of an hour a teaspoonful of mixture containing 0.065 millegrammes of calomel in a glass of water with a little lemon juice.

To combat urticaria, salicylate of soda, 10 or 12 centigrammes in a spoonful of water is the best remedy, and does not disturb digestion. The eruption is sometimes due to large doses of copaiba, which would not have acted

thus if given in drop doses every half-hour. An excellent remedy for acute urticaria is veratrine—half a millegramme every half-hour.—*Journal de Médecine de Paris.* R. Z.

A VALUABLE REMEDY FOR HEAD-ACHE.

The *Physicians' and Surgeons' Investigator* desires to call the attention to a simple, and at the same time wonderfully efficient, treatment for many kinds of headache.

"We lay no claims to originality, nor do we know who the originator was, but having used it for a year or more, and in many cases with remarkable results, we feel disposed to give it our indorsement, and desire to make it more generally known. The remedy is nothing more nor less than a solution of the bisulphide of carbon. A wide-mouthed glass-stoppered bottle is half-filled with cotton or fine sponge, and upon this two or three drachms of the solution are poured. When occasion for its use occurs, the mouth of the bottle is to be applied to the temple, or as near as possible to the seat of pain, so closely that none of the volatile vapor may escape, and retained there four or five minutes, or longer. For a minute or so nothing is felt, then comes a sense of tingling, which, in a few minutes—three or four usually—becomes rather severe, but which subsides almost immediately if the bottle be removed, and any redness of the skin that may occur will also quickly subside. It may be re-applied, if necessary, several times in the day, and it generally acts like magic, giving immediate relief.

"We believe this was the basis of a once popular nostrum. The class of headache to which it seems specially adapted is that which may be grouped under the broad term of 'nervous.' Thus neuralgic, periodic, and hysterical headaches are almost invariably relieved by it. True, the relief of a mere symptom is quite another thing from the removal of its causes, yet no one who has seen the distress, and even agony, caused by severe and frequently recurring headaches (and who has not?) but will rejoice to be able to afford relief in so prompt and simple a manner; besides, it is sure to secure the hearty gratitude of the patient if

he has suffered long. As to the *modus operandi* we have nothing more definite than a theory to offer, and that is, that the vapor being absorbed through the skin produces a sedative effect upon the superficial nerves of the part to which it is applied. We know by experiment that its influence is not due to its power as a counter-irritant. We, however, know that it does act; and if we do not clearly see in what way it acts, that is no more than can be said of several other remedies which are firmly established in professional favor and confidence."—*Weekly Med. Review.*

PHOSPHIDE OF ZINC IN DYSMENORRHOEA AND STERILITY.

In Matthews Duncan's lectures on *Sterility in Woman*, he places dysmenorrhœa in the list of the best demonstrated sources of, or attendants on, such conditions. But, even if we consider dysmenorrhœa the cause of the sterility, the question of the treatment of the menstrual difficulty does not in many cases admit of ready answer. Certainly there are cases of dysmenorrhœa which may be rapidly and satisfactorily treated by dilating the cervical canal, this dilatation being by double-bladed dilators, rather than by other means. But there remains a large number of cases that present no indication for this method of treatment, and which, of course, are not benefited if it be tried. Now, some of these may possibly be cured by the use of phosphide of zinc, as recommended by Decoux in a recent number of the *Gazette des Hôpitaux*. Having found this medicine useful in many cases of dysmenorrhœa and of amenorrhœa, Decoux narrates a case where it twice proved effective in curing sterility associated with the former disorder. In addition to the success of this medicine in dysmenorrhœa, amenorrhœa, and sterility, he has found it remarkably useful in cases of hysteria, ataxia, anæmia, and neuralgia. He gives two granules of four millegrammes each, morning and evening. Only the crystallized preparation should be used, as the powder is inert. He states that its preparation is so difficult that, with a single exception, one scarcely finds in commerce any but an impure product, which is partly or completely ineffective.—*Med. News.*

IPECAC IN PNEUMONIA.

Dr. Veradini, chief of the Bologna Grand Hospital, has made a careful clinical study of the depressing effects upon the circulation of ipecac in true pneumonia. He concludes and formulates as follows :—

1. That large doses of ipecac were given empirically in fibrinous pneumonia by the leading physicians of the past century, on account of its depressant, antiphlogistic power.

2. That the employment of ipecac in large doses (2-4-6-8 grm.) does not have any evil effects, such as circulatory stasis, heart paralysis, and that nausea and vomiting seldom follow.

3. It is beyond doubt that such doses have a salutary influence in moderating the pulmonary congestion, in facilitating resolution, and that, too, without any risks to the patient.

4. The large doses produce effects directly opposite to the emetic doses or principles. Ipecac so given produces, as stated, pulmonary ischemia; while emetics, as experimentally proven, are attended by congestion or active hyperemia.

5. This comparative action of ipecac and of emetics on heart and lung can be demonstrated experimentally on animals with induced pneumonia.—*Weekly Med. Review.*

TINCTURE OF IODINE IN DIPHTHERIA.

Dr. Edward Adamson states that he has treated fifty-five cases of diphtheria by the internal administration of the officinal tincture of iodine, and has come to value it most highly. He claims that it promotes the separation of the membrane, checks the formation of new exudation, lessens the secretion of offensive saliva, destroys the fetor of the breath and corrects the morbid condition of the fauces, tonsils, etc. In the course of thirty six hours he says there is generally such marked improvement as to be apparent to the patient.

The dose for adults was five to seven minims every one or two hours; and for children six to twelve years old two to three minims every two hours, in syrup of orange and water.—*Practitioner.*

LAPAROTOMY FOR INTESTINAL OBSTRUCTION.

In conclusion, I venture to submit to you these rules for your guidance in opening the abdomen for the relief of acute intestinal obstruction.

1. Make the incision in the middle line below the umbilicus.

2. Fix upon the most dilated or the most congested part of the bowel that lies near the surface, and follow it with the fingers as a guide to the seat of obstruction.

3. If this fail, insert the hand, and carry it successively to the cæcum, the umbilicus, and the promontory of the sacrum.

4. If this again fail, draw the intestine out of the wound, carefully covering it, until increase of distention on congestion, or both in one of the coils, gives an indication that the stricture lies near.

5. If there be considerable distention of the intestines, evacuate their contents by incision, and suture the wound. Never consider an operation for intestinal obstruction inside the abdomen finished until the bowels are relieved from over-distention.

6. Be expeditious, for such cases suffer seriously from shock. The whole operation ought to be concluded in half an hour.—*Mr. J. Grey Smith, British Medical Journal.*

CUTANEOUS POISONING WITH RHUS TOXICODENDRON.—Aqua ammonia, diluted with water, is a useful application and an aqueous solution of corrosive. Sublimate has also been recommended, but recently I attended an extreme case which did not seem to yield to any of the popular remedies. I used the following :—

R Cupri Sulph. ʒii.

Aqua. ʒviii.

Apply to the surface of the body with a piece of sponge or soft linen three times a day. After one or two applications the pain and burning begin to subside, and in a few days all the alarming symptoms disappear. I have since used the same preparation on similar cases with good results.—*Peoria Medical Monthly.*

THE DIAGNOSIS BETWEEN INDURATED CHANCRE AND HERPES.

It sometimes happens that herpes of the penis presents itself under the form of a single patch of superficial ulceration, accompanied by some induration of the underlying tissues; there may be also a swelling of the inguinal glands, so that the diagnosis between this so-called chancriform herpes and some forms of indurated chancre is very difficult in the early stages. M. Leloir, however, calls attention (*Journ. de Connaiss. Méd.*, April 2nd, 1885), to the fact that when a herpetic ulcer is pressed between the fingers a drop of serous fluid is squeezed out. This manipulation can be repeated several times with the same effect; in the case of chancre, on the contrary, a little fluid is seen on the surface, but the quantity is not increased by pressure. When the base of the herpetic ulcer is indurated, the hardened tissues can be flattened between the fingers, while, in chancre, no amount of pressure can change the shape of the nodule. This difference is explained by the fact that in herpes there is a localized œdema of the tissues, while in chancre the chief lesion is a hard infiltration, sometimes accompanied by sclerosis of the connective tissue and of the vessels.—*Brit. Med. Journ.*

Dr. Brown-Séquard has been awarded a prize of 20,000 francs by the five French Academies. It is the custom to award such a prize every two years successively to a scientist, a man of letters, a philosopher, an artist and an archaeologist. Every second year one of the five Academies selects a candidate, and, with the consent of the other bodies forming the Institute, award him the prize. This year it was the turn of the Académie des Sciences to choose the candidate, and M. Brown-Séquard was selected.—*St. Louis Courier of Medicine.*

PERFORATING ULCER OF THE HANDS.

At the Surgical Society of Paris, June 10th, M. Terillon presented a mould of a case of perforating ulcer of the hands, similar in every way to the well-known perforating disease of the foot. These ulcerations rapidly healed when the hands were not used, but soon re-

turned when the patient went to work. The patient was twenty-five years of age, syphilitic and tabetic. It was supposed that there was some central trophic lesion of the upper part of the spinal cord. All the symptoms of locomotor ataxia were present. Also complete anaesthesia about the ulcerations.—*Journal de Médecine de Paris.* R. Z.

Therapeutical Notes.

FOR FRECKLES.—Equal parts of lactic acid and glycerine make an efficient and harmless wash.

MOSQUITO BITES.—A solution of atropine (1 in 1,000) relieves itching and shortens the duration of the papule.

Nothnagel is quoted as saying that when salicylate of sodium fails in acute rheumatism, the benzoate of sodium will often succeed.

Genkin recommends the use of turpentine, ten drops to a teaspoonful of castor oil, in the treatment of dysentery, and states that he has produced better results than by using opium.

Dr. Cushing writes from Berlin to the *Boston Medical and Surgical Journal*, that vaginal injections after normal labors are now abandoned in all the institutions of repute in Germany.

Belladonna, combined with iodide of potassium, prevents the headache and coryza caused by the latter. In the case reported 80 grains of iodide were given daily and one grain of extract of belladonna at night.

INODOROUS IODOFORM.—The *Lancet* says that, according to M. Gillette, iodoform may be rendered inodorous by adding 1 part of sulphate of quinine and 3 parts of charcoal to 100 parts of iodoform.—*N. Y. Medical Journal.*

In subacute rheumatism, fluid extract of mauaca in doses of half a drachm to a drachm every four hours, is said to be a remedy of value. No unpleasant effects followed except slight dizziness in two cases.

COCAINE HABIT.—Dr. Love reports in the *St. Louis Medical Journal* a case of opium habit cured by cocaine, but found that when the cure was complete, the cocaine habit had been formed, which was as troublesome as the original disease.

Dr. Sha'tuck reports another case of cure of multiple sarcoma of the skin by hypodermic injections of Foster's solution. Four minims diluted with an equal quantity of water were first given, injected deeply in the thigh once a day. This was increased to six minims. The growths gradually disappeared, and a year after no return was noted.

Dr. Fordyce Barker's pill for hemorrhoids:

R. Extract colocynth co gr. $1\frac{3}{4}$.
 Extract hyescyami gr. $1\frac{1}{4}$.
 Pulv. aloes socot. gr. $\frac{5}{12}$.
 Pulv. ipecac gr. $\frac{1}{2}$.
 Podophyllin gr. $\frac{1}{2}$.
 M. Ft pilula.

Take one at bedtime and repeat in the morning if necessary.

COCAINE IN SEA-SICKNESS.—The following, according to the *Lancet*, is Dr. Manassein's (St. Petersburg) prescription for sea-sickness:

Muriate of cocaine 0.15.
 Rectified spirits of wine q.s.
 Distilled water 150.0.

M. A teaspoonful every two or three hours as a prophylactic.

A teaspoonful or dessert-spoonful every half-hour or hour during sickness.

BUTTERMILK AS A REMEDY FOR VOMITING.—

Dr. J. H. Owings, of Deer Lodge, Montana (*Maryland Medical Journal*), states that he has used buttermilk for the purpose of checking vomiting for ten or twelve years past—in as many as fifty cases, he thinks—without a failure. He knows of no other remedy equally satisfactory, and regards it as especially serviceable in cases of severe vomiting after a prolonged debauch.

FOR EPISTAXIS.—Introduce into the nostril for a considerable distance upward, a piece of

fine sponge cut to the size and shape necessary to enable it to enter without difficulty, previously soaked in lemon juice or vinegar and water. The patient is to be kept lying on the face for a length of time, with the sponge in place. This, says the *Lyon Medical*, "is the procedure employed by M. Sirederg for controlling epistaxis in typhoid fever patients."

SEDATIVE COUGH MIXTURE.—Dr. H. C. Wood recommends the following as the most efficient sedative cough mixture he has ever used:

R Potassii citratis ʒj.
 Succu limonis, ʒij.
 Syrup. ipecac., ʒss.
 Syrup. simplic., q. s. ad ʒvj. M.

Sig. A teaspoonful from four to six times a day.

When there is much cough or irritability of the bowels, he adds a sufficient quantity of paregoric.—*Therap. Gaz.*

Dr. Cagnoli mentions in the *Moniteur Therapeutique* that, having as a patient a little boy with rheumatic fever, in whom salicylates produced severe gastric disturbance, he had recourse to compresses saturated with a ten per cent. solution of salicylate of soda and covered with oil-skin bound round the most inflamed joints. The next day pain and swelling had disappeared from these, and the power of motion had returned to them, while the joints which had not been so treated remained exactly in their previous condition. These latter were afterwards relieved in a similar manner.—*London Lancet.*

SALIX NIGRA AS A SEXUAL SEDATIVE.—Dr. F. F. Paine, of Comanche, Texas (*Medical Age*), speaking from five years' experience with this drug, states that during a practice of fifty years he has not used a remedy that has yielded more satisfactory results. He recommends it particularly as an anaphrodisiac and as a remedy for ovarian irritation, including certain cases of dysmenorrhœa. He gives teaspoonful doses of Parke, Davis & Co.'s fluid extract of the buds three times a day. He thinks it has something of a specific action on the nerve supply of the sexual apparatus in both men and women.

LACTATE OF QUININE.—This is said to be the most useful salt of quinine for hypodermic injection. It is very soluble, and is richer in alkaloid than any other salt. According to the *Lyon Médical*, at 15° cent. it is soluble in the proportion of one in three, while the sulphate is soluble 1 in 755 of water. The following formula is given :—

R Lactate of quinine 1 gramme; distilled water 4 grammes. Dissolve by gentle heat and filter; the solution should be neutral. Each syringeful contains 20 centigrammes of lactate of quinine. It causes neither pain, inflammation nor abscess.

R.Z.

IDOIZED PHENOL IN THE TREATMENT OF WHOOPING-COUGH.—Rothe (*Memorabilien*) announces his continued satisfaction with carbolic acid as a remedy for whooping-cough, after fifteen years' experience with it. The formula employed is as follows :

| | | |
|-----------------------------|----------------|------------|
| Carbolic acid, | } each | 7½ grains. |
| Alcohol, | | |
| Tincture of iodine. | 5 | drops. |
| Peppermint water | 750 | grains. |
| Tincture of belladonna .. | 15 | " |
| Syrup of diacodium. . . . | 150 | " |

A teaspoonful is to be given every two hours, the administration being continued until the paroxysms entirely disappear.

In the *Vierteljahrschrift f. Dermatologie und Syphilis*, a report is made by V. Watraszewski of seventy cases of recent syphilis treated by subcutaneous administration of calomel. The amount used in each injection was 0.1 grm. of calomel suspended in mucilage. Only in a few cases was double the above amount given. The injections were made in the gluteal region, at intervals of seven, ten to fifteen days. The interval is determined by the degree of stomatitis developed. As a rule three injections sufficed to cause all manifestations of the disease to disappear. A fourth injection was, however, generally made. The seventy patients in all got 257. Only four abscesses developed. It is advisable to direct complete rest for several days.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To CORRESPONDENTS.—We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

To SUBSCRIBERS.—Those in arrears are requested to send dues to Dr. W. H. B. Atkins, 40 Queen St. East.

TORONTO, OCTOBER, 1885.

THE SMALL-POX IN MONTREAL.

This disease which has been present in threatening proportions in Montreal for over three months is now making a harvest of deaths in that city, at the rate of fifteen or twenty a day. The Chairman of the Montreal Health Committee, Alderman Gray, says that there are about 800 cases at present in the city. Considering the magnitude of the outbreak, the equipment of the Montreal Board of Health appears to be of a very meagre description. The railway and steamboat corporations have appointed and pay three physicians, who attend at trains and steamers. Another physician has also been appointed to look after the interests of the "Wholesale Clothing Association," and is paid by them. So that the actual force employed by the Montreal Health Committee, and paid by them, in connection with the stamping out of small-pox in Montreal, are, one medical health officer—who, however, was not appointed to look after small-pox—two assistant health physicians, the hospital doctor, seven vaccinators, two placarders, and one disinfecter. The difficulty of the situation is made more apparent when we learn that in Montreal there are tens of thousands of unvaccinated persons, and that in many instances the people have strong prejudices against the performance of vaccination on themselves or children. Isolation of cases of the disease, or persons who have been exposed to it, is not properly attended to.

According to the admission of Dr. Larocque, ex-Medical Health Officer of Montreal, there are eight or nine thousand uncleaned cesspits in the city. The City Surveyor has also pub-

licly admitted that there are any number of old foul sewers reeking with abominations, which cannot be "flushed." We are also informed that unlimited quantities of filth have been piled up at the border-line of St. Jean Baptiste village, where a large proportion of the cases of small-pox has been found.

Under these circumstances a "Central Board of Health" has been recently formed, and certain regulations to prevent the further spread of small-pox have been framed and published in the *Official Gazette*, of Quebec. These regulations provide that Local Boards are to be organized, subject to the control of the Central Board, in all that pertains to the public health. The Central Board is to be notified when a case of small-pox occurs within the limits of a municipality. All streets, lanes, yards, privies, and public squares must be thoroughly cleaned at once.

Cases of small-pox are to be isolated either at home or in suitable houses. A placard bearing the words "Picotte—Small-pox" is to be placed in a conspicuous place on every house where there is a small-pox patient. It is strictly forbidden to convey a patient affected with small-pox, or any other contagious disease, from one municipality to another without a written permit from the Medical Health Officer of the municipality into which it is intended to convey the patient.

Funerals of small-pox patients must take place within twelve hours after death. The corpse is to be conveyed directly to the cemetery, and the funeral must be private.

All places infected with small-pox must be disinfected according to the directions of the Central Board.

Persons authorized by the Board of Health will have the right, within the limits of their respective municipalities, to visit all houses, factories, hotels, educational establishments, etc., to enquire whether or not cases of small-pox exist in them.

Local Boards of Health are to provide temporary lodgings for persons suspected of having small-pox. They are also to procure a suitable supply of vaccine, which they are to offer gratuitously to those who are not vaccinated, and those who need to be vaccinated.

The Provincial Board of Health of Ontario have found it necessary to take special precautions against the importation of small-pox into our midst. An Order in Council has been passed, giving them powers, to deal with the disease in the most thorough and effective manner, so as to prevent its appearance in any of our municipalities.

They have sent six physicians to Montreal, whose business it is to observe passengers by rail or boat leaving that city for the west. These gentlemen are instructed to board trains and steamers leaving Montreal, to observe where the passengers come from and their destination, to vaccinate unprotected persons, to detain cases of small-pox, and to cause the vaccination, isolation and detention of all persons entering this Province who have been exposed to the danger of infection, until the period of incubation be passed.

These precautions may appear severe, but a little reflection will convince everyone that in the management of this the most loathsome of all the zymotic diseases the safety of the people reposes on the enforcement of vaccination, isolation and disinfection.

And we feel quite confident that although enforcing these regulations with all due stringency, the Provincial Board of Health of Ontario regret that the commercial prosperity of Montreal should have received so rude a shock, and that, in common with all the people of this Province, they will be pleased to see all measures of precaution rendered unnecessary by the complete and effectual *stamping out of the epidemic*.

LAWSON TAIT'S OVARIOTOMIES.

Mr. Tait has published in the *Philadelphia Medical News*, Sept. 12th, a report of a remarkable series of one hundred and twelve consecutive operations for ovarian and parovarian cystoma without a death. The achievement is a marvellous and brilliant one, and is a credit alike to this distinguished operator and to modern abdominal surgery.

A few years ago they used to tell us in London that Mr. Tait's reports were unreliable. They persistently sneered at the young "radical upstart" from Birmingham. They first pre-

tended to ignore him, and then attempted to extinguish him; but still he lives, and now even his strongest opponents will scarcely deny that he stands in the front rank of abdominal surgeons.

In the present report, the residence of the patient, the name of her medical attendant, age, disease, nature and date of operation, are given. In the series he used no antiseptics, which he thinks by poisoning the patients do more harm than good. He attributes his success to the following: The non-use of antiseptics, increased personal experience, increased attention to all the minute details, cleanliness, and discipline in his hospital.

The series included—

| | |
|------------------------------|----|
| Dermoid cyst..... | 1 |
| Cystic sarcoma..... | 1 |
| Abscess of ovary | 2 |
| Cystoma of one ovary | 49 |
| Cystoma of both ovaries..... | 38 |
| Parovarian cysts | 21 |

Among the most serious cases were some of parovarian cysts, where the structures of the broad ligament had been lifted bodily out of the pelvis, and tumors presented neither pedicle nor free surface. They had, therefore, to be treated by Dr. Miner's Method of Enucleation. Mr. Tait thinks that parovarian cysts have a peculiar tendency to rotate on their axis and to become strangulated and gangrenous. This furnishes a strong argument against the old method of tapping such tumors. One of the most satisfactory features connected with the report is the fact that the operator did not leave incomplete any operation begun for ovarian or parovarian cystoma.

NEW NATIONAL MEDICAL ASSOCIATION FOR THE UNITED STATES.

It has been proposed to organize in the United States a Medical Association, corresponding to the Zurich Academy of Medicine, limited in numbers, and so honorable a body that membership in it would carry the highest reward that American physicians would have to hope for.

The proposal, which is heartily endorsed by the *N. Y. Medical Journal*, has been made on

account of the unpopularity of the American Medical Association. Its position has not been strong for years, but its recent action at New Orleans has capped the climax; and the consequence is that a strong feeling prevails that this association "must go" if it be not thoroughly reorganized.

PROF. HANSEN-GRUT AND THE INTERNATIONAL MEDICAL CONGRESS.

Prof. Hansen-Grut, of Copenhagen, who was President of the Ophthalmological Section at the last meeting of the Congress, has been expressing his views on the muddle in a letter to a New York physician, which appears in the *N. Y. Med. Jour.* He thinks the Congress has no interest in American codes, but that the profession as a whole should be admitted to all its rights and privileges.

He gives a very delicate hint that the members of the profession of the old world may not, under existing circumstances, attend the meeting. As he expresses it: "the way across is long, the fear of the sea is strong."

THE DOMINION MEDICAL ASSOCIATION.

The recent meeting in Chatham passed off very successfully. The members of the Association are greatly indebted to the profession of the town and vicinity for the great liberality shown in the arrangements made for their entertainment. No expense or trouble was spared in the getting up of the dinner, and private hospitality was extended on a most elaborate scale. All the members present appeared to enjoy the meeting thoroughly, and all carried away with them pleasant recollections of Chatham and its inhabitants.

We congratulate Dr. Holmes on his election as President. We are convinced that the choice is an excellent one. He will do honor to the Association which has so signally honored him.

Quebec is to be the next place of meeting.

We publish elsewhere a short report of the proceedings.

Dr. Covernton will deliver the opening lecture in the Trinity Medical School.

MANAGEMENT OF THE MEMBRANES IN NATURAL LABOR.

In most of the standard works on obstetrics we are taught that the membranes have fulfilled their physiological mission when cervical dilatation is completed, and that their persistence after this only retards the progress of the labor. If such be the case, the rule follows of necessity that they should be ruptured by the accoucheur if nature be unable to accomplish it. During the past year some protests have been entered against this theory, especially by Byford, of Chicago, and Moses, of St. Louis.

It should not be overlooked that, before the completion of normal labor, not only is dilatation of the cervix required, but also dilatation of the vagina, vulva, and perinæum. This process is not perfectly understood; but to one who watches intelligently the process of parturition it will be apparent that the perinæum and all soft parts superficial to the cervix become gradually changed. They become soft, œdematous, and dilatable, while a copious secretion of mucus is poured out from the mucous membrane of the vagina, before they are stretched directly by the child or bag of membranes. If this condition of softening and dilatability does not occur before the membranes are ruptured, we are apt to have rigidity of perinæum and vagina, and as a consequence a rupture of one or both during delivery, because they are not prepared for the stretching of the advancing head.

We believe, therefore, that it should not be considered that the usefulness of the membranes has departed when the cervix is dilated, but rather that it continues until the perinæum and vagina are dilated or dilatable. Our rule should be to leave the membranes intact, if it is our good fortune to be able to do so, until this condition exists, and then we can proceed to rupture, if necessary, at once.

It is true that we may save time by valiantly adopting vigorous measures at a more early period, such as puncturing membranes, and applying forceps and dragging the child through an unstretched vagina over a rigid perinæum; but in so doing we are apt to produce serious injuries to our patients. We should ever watch nature's efforts and methods, and only endeavor to assist her when such assistance becomes actually necessary.

THE INTERNATIONAL MEDICAL CONGRESS.

The new committee met in New York, Sept. 3rd, and made some concessions to public opinion, though not so many as we hoped to see. They amended the rule of membership so as to give representation to societies in special departments, and allow the so-called new code men to become members of the Congress without the privileges of holding any offices. There was apparently no direct effort made to bring back the eminent men who have withdrawn from the organization. Until this is done it is hardly possible for the proceedings of the committee to command the respect and confidence of the medical world, which is looking on with fear and trembling.

Among the most important acts of the last meeting was the election of Dr. N. S. Davis, of Chicago, to the office of Secretary-General. This will meet with general approval. The committee will get a fair support in New York, particularly from the Bellevue men. The name of Austin Flint, sen., will be worth much among the shattered fragments that remain. Many able men in different parts of the Union will assist. We may derive what comfort we can from these considerations; but, after all, the broad, sad fact remains that the cream is principally gone, and we are left to feast on skimmed milk.

TORONTO SCHOOL OF MEDICINE.

The extensive alterations in the school building are quite completed, and the large addition is now ready for the work of the session. Among the new rooms now available will be a large dissecting-room, well ventilated, and well equipped. It can scarcely be surpassed in any part of the world. The new museum will be none too large for the really fine collection of specimens now contained in the building. We fear that graduates and other friends of the school do not fully appreciate the magnitude and character of the collection, nor the great value of the work done by Dr. Oldright during the last fifteen years in connection with this museum. The laboratories and other new

rooms are well furnished, and exceedingly well arranged.

As we go to press preparations are being made for a *conversazione*, to be held in the school building on the occasion of the opening of the new wing, on the evening of October 1st. The programme is to consist of an opening lecture for the session, by Dr. W. W. Ogden, a concert under the direction of Mr. Theodore Martens, music by a string band, refreshments, etc. It promises to be a brilliant and successful affair.

PRIVATE HOSPITAL FOR WOMEN.

On the 9th of Sept., St. John's House, 44 Lumley St., a Private Hospital for Women, was formally opened by the Bishop of Toronto. It is one of the several branches of work now carried on by the Sisters of St. John the Divine, a sisterhood of the Church of England, established here about a year ago. After the short opening service, the friends of the hospital were shown over the building, and for comfort, cleanliness, and a certain home-like air about it, nothing more is to be desired. There is nothing suggestive of the ordinary hospital; on the contrary, it reminds one of a large, airy, well-arranged, and hospitable private house, the Sisters having the happy faculty of making friends, as well as patients, feel perfectly at home.

During the summer months, while the Sisters were ministering to the wants of the wounded in the military hospital at Moosejaw, the house was rearranged and done over thoroughly, so that our medical friends outside of Toronto need not have the slightest hesitation in advising their patients, when sending them to the city for medical or surgical treatment, to enter St. John's House.

Two fair-sized rooms on the ground floor are set apart for free patients. These rooms will accommodate six or eight beds, some of which are already endowed. A large room upstairs is for patients who can pay a small sum towards the expenses of their food, attendance, etc., while the rest of the house will be private, for patients who are able to pay from \$7.00 to \$15.00 per week, according to size, location, etc., of the room selected. This is, of course, exclusive of

fees for medical attendance, or surgical operations, each patient being at liberty to select her own physician.

Contagious, infectious, or incurable diseases will not be admitted.

Any day between *three* and *five* visitors will be shown over the hospital by one of the Sisters or the Mother-superior, to whom all letters, as to admission, price, etc., should be addressed.

A private hospital, and especially one for women, has been spoken of for several years. We are the more convinced of the success of this one, from the fact of the Mother-superior having been specially trained for this work during a long residence in some of the hospitals of New York.

SUPRA-PUBIC LITHOTOMY.

This method of cutting for stone has gained a new and powerful advocate in Sir Henry Thompson. The *Medical News* in referring to it very properly claims considerable credit for America in connection with this mode of operating. The papers of Dr. Dulles on this subject, which appeared in the *American Journal of Medical Sciences* a few years ago, excited great interest in the Profession of this continent. In properly selected cases it is now recognized generally as a good method of operating. Sir Henry asks:—"What is the best cutting operation for hard calculi (urates and oxalates) which weigh from about two ounces and upwards, as well as for those not quite so large, which are so peculiar in form (as occasionally but very rarely happens) that the lithotrite fails to grasp or retain them? I think there is no doubt about the answer, viz., that it is the supra-pubic and not the lateral operation."

In this connection we are reminded that the old countries learned an important lesson in rapid lithotrity as first systematically carried out by Bigelow of America. In both instances it required years for Sir Henry to fully learn the lesson, and, like a wise and practical man as he is, he finally did learn it; but after a style perhaps not peculiar to himself he takes care to give as little credit as possible to others, and reserve as much as possible for Sir Henry.

DRUNK OR DYING.

The *British Medical Journal* reports an unfortunate mistake which recently occurred in London. A drunken cabman, having fallen, was taken to St. George's Hospital, and then to the workhouse in Buckingham Palace Road, but no serious injury being detected, he was refused admission at both places. The man was then taken to the police station, where Mr. Samuel Benton found that his pupils were uneven, and concluded that he had sustained serious injury. The man died in a few hours, and a post mortem examination revealed a fracture of the skull. The coroner's jury attempted to censure the house-surgeon of St. George's, but were prevented by the coroner.

It is sometimes impossible at once to decide as to the gravity of an injury to a drunken man, but the possibility of making a very grave mistake should always be borne in mind, and should make us extremely careful in making an examination and giving a decided opinion as to diagnosis or prognosis.

Dr. Goodell, at a recent meeting of the Obstetrical Society in Philadelphia, said he had performed the operation of rapid dilatation of the cervical canal, with his uterine dilator for dysmenorrhœa and sterility in two hundred and nine cases, without a dangerous symptom in any instance, and with a large average of success.

HIGH-TONED HOME FOR INEBRIATES.—A new home for inebriates was opened last month in England. It is situated in Twickenham, a village on the Thames, about ten miles out of London, in the old building known as "High Shot House," built in the reign of Queen Anne, and at one time the residence of King Louis Philippe. The number of patients will be restricted to twelve, and none but males shall be allowed the privilege of entering these royal precincts.

BRITISH DENTAL ASSOCIATION.—The meeting of this association was opened at Cambridge, England, on August 27th; there are 562 members. The next meeting will be held in London, August 19, 20 and 21st, 1886, under the presidency of Sir Edwin Saunders.

Meetings of Medical Societies.

THE DOMINION MEDICAL ASSOCIATION.

The eighteenth annual meeting of the Dominion Medical Association took place in Chatham, on the 2nd and 3rd of September. The meeting was opened on the morning of the 2nd by the retiring President, Dr. Sullivan, who spoke of the change of place of meeting rendered necessary by the recent trouble in the North-West. He then referred to the Medical Department of the Expeditionary Force, and spoke in high terms of the bravery and self-sacrifice of the Ambulance Corps.

Dr. Sullivan then introduced Dr. Osler, the President elect, who took the chair amid applause.

Letters of regret were read from Dr. Bergen, Surgeon-General of the Canadian Militia forces, and Dr. Brodie, President of the American Medical Association. Dr. Bray, of Chatham, then came forward and read the following address of welcome:

"Mr. President and Gentlemen of the Canada Medical Association:

"To-day it is my pleasing duty, on behalf of the medical profession of Chatham and vicinity, to welcome you on this your first visit to our town. I can assure you, while I appreciate the honor thus conferred on me, I cannot conceal the fact that to some one better able to do so should have been allotted this pleasant task. But while there are many who would perform this duty much better than I, there is not one who appreciates the honor more, or extends to you individually and collectively a warmer welcome.

"It will be in the recollection of those who attended the meeting in Montreal last year, that by some it was thought presumption on the part of myself, and those associated with me, to ask you to come to Chatham, and I now begin to think that perhaps they were right, knowing the character of the receptions that have been accorded to this Association by such cities as London, Hamilton, Toronto, Kingston, Ottawa, St. John, Halifax and Montreal, and all I have to offer in apology is, that while

those cities have more facilities for making the visits of the Association pleasant and the entertainments on a grander scale than we can hope to do, this fact remains, that in no place that you have ever met did you receive a more heartfelt or genuine welcome than we offer to you to-day; and I assure you the pleasure afforded us medical men by your visit will only be exceeded by the honor you have conferred on the town; and while Chatham has on many occasions extended a welcome to distinguished visitors, never before has she had the honor of securing such a body of representative men as are now assembled, embracing as they do the most distinguished members of the medical profession from all parts of the Dominion, as well as the United States. Particularly are we fortunate at this time in having amongst us those medical officers who have so lately been engaged in overseeing the medical department of the army, ministering to the sick, and binding up the wounds of those gallant volunteers, of whom Canada has so much reason to be proud. Gentlemen, I will not detain you longer, but again bid you welcome."

Mr. R. S. Woods then read an address in behalf of the citizens of Chatham, which was warmly received.

A number of medical men were then elected members of the Association. Dr. Yeoman's report on Climatology and Public Health was read by the Secretary.

The first part of the programme in the afternoon was the address by the President, Dr. Osler, Prof. of Clinical Medicine in the Pennsylvania University, Philadelphia. The following *resumé* is taken from the *Chatham Planet*:—

"It was an exhaustive and elaborate, but highly interesting sketch of the history and progress of medical education in Canada. He urged that every effort should be made to elevate the standard of Canadian medical education. The matriculation examination should be made more stringent and a thorough knowledge of each subject should be demanded. There should be uniformity in the curricula of the different schools, and a complete control of the licensing power should be held by the members of the profession. There should be but one portal through which every candidate would have to pass. The example

of Ontario in having one medical board before which every candidate must appear might well be followed by the other Provinces of the Dominion. The greatest care was necessary in selecting examiners, who should be men thoroughly and especially qualified in the subjects for which they were chosen. He urged continued interest in maintaining the thorough equipment of our medical schools. He could not see the necessity for establishing and maintaining the medical schools for women, and predicted their early failure. In conclusion he briefly traced the history of the Canadian Medical Association from its first meeting in Montreal in 1867, and from the continued interest and increased attendance he felt confident of its future success."

Dr. Grant, of Ottawa, in an eloquent manner, proposed a vote of thanks to Dr. Osler for his interesting address.

The Association was then on motion divided into sections.

THE MEDICAL SECTION

was organized by the election of Dr. Harrison (Selkirk) as President, and Dr. Duncan (Toronto), Secretary.

Dr. J. A. Grant (Ottawa) then read a paper on Aortic Aneurism, showing the specimen.

The paper was discussed by Dr. Osler, Dr. Ross (Montreal), and others. Dr. Ross drew particular attention to the importance of the dragging upon the trachea in thoracic aneurisms as a symptom of great value.

After adjournment for lunch, Dr. Worthington read an account of a case of Epidemic Cerebro-Spinal Meningitis, extending over one hundred days, ending in death.

In the discussion which followed, Dr. Macdonald, of Hamilton, remarked that the course of disease in this case much resembled that of purulent infection. Other members agreed with the essayist; some, however, considering it malarial.

Dr. Arnott, of London, read a paper on the Sources of Malaria, and, after discussion, was followed by Dr. Holmes, of Chatham, on Puerperal Mania. Dr. Holmes considers that many cases are caused by laceration of the cervix. In many of the cases he quoted from his own experience, the healing of these lacerations,

whether by operation or otherwise, was followed by the disappearance of the mania. Unfortunately, there was no discussion on this paper, as the Section adjourned for the evening at the close of the paper.

SURGICAL SECTION.

Dr. Edwards, of London, was elected Chairman.

Dr. Carstens, of Detroit, read an account of a fibroid removed by laparotomy.

Dr. Fulton, of Toronto, read a paper on Subperiosteal Amputation, and cited a number of cases in which he had practised this method of amputation during the past six years, both in hospital and private practice, with most satisfactory results. This method was first advocated by Walther seventy years ago, but was first put into practice by Ollier in 1859. With the introduction of antiseptic surgery the operation was revived, and now promises to take a prominent place amongst surgical operations. Dr. Fulton described the operation in detail, and stated its advantages, the chief of which are: 1st. The cut end of the bone is covered by the tissue physiologically fitted to protect it. 2nd. The bone does not become adherent to the end of the stump. 3rd. The medullary cavity is closed in rapidly and effectually by new bone. 4th. Danger from the spread of inflammation or suppuration to the bone is guarded against. Experiments on animals have shown that a flap of periosteum rapidly closes the medullary canal and prevents the occurrence of osteo-myelitis. The operation is especially adapted to cases in which the medullary canal is in a soft and unhealthy condition, such as frequently met with in amputation for diseased bones and joints. The reader of the paper was strongly convinced of the utility and value of this method of amputation.

Dr. Shepherd, of Montreal, read a paper on Excision of the Tongue by Scissors, with preliminary Ligature of the Lingual Arteries. He said that in excising the tongue for malignant disease, besides the necessity for avoiding hemorrhage, it was important that diseased structures in the neighborhood should be removed, and he held that the operation of excision of the tongue with preliminary ligature of the linguals facilitated this removal without

adding much to the risk of the operation. It was now the opinion of surgeons of experience that whatever operation for excision of the tongue was practised the mortality was the same, the result of the operation depending more on the after-treatment than the particular method of operating. Still, certain operations enabled the surgeon to more completely remove the diseased structures than others, and thus the disease was less liable to recur. He considered that in excision of the tongue it was as important to remove diseased glands in the neck as it was to remove diseased axillary glands in extirpation of the breast, and felt strongly that the operation of the future was the one which provided for the removal of the diseased glands. The reader of the paper then described the operation, and particularly dwelt on the various steps in the ligature of the lingual artery, and described the difficulties and dangers that the operator was liable to meet with. Three cases of malignant disease of the tongue with involvement of the sub-maxillary and cervical glands were reported, in which the operation described had been put in practice. One died of gangrene of the lung, the other two made good recoveries, case three living for nearly a year and a half after a most extensive dissection of the neck and sub-maxillary region.

Dr. Shepherd said that the after treatment was most important. In his cases the patients had been fed entirely by the bowel for four days after the operation, and the mouth in all the cases was drained through the neck incisions by a large rubber tube. Billroth's method of stuffing the mouth with iodoform gauze was strongly recommended as offering the best chance of escape from the great danger in excision of the tongue, viz., septic disease of the lungs.

The advantages of the operation were summed up as follows:

1. The diseased structures, and especially the glands, are easily discovered and removed through neck incisions.
2. The removal of the tongue is bloodless, and there is little fear of secondary hemorrhage.
3. Drainage of the mouth can be more thoroughly carried out.

4. The tongue is more rapidly and completely removed by scissors than by any other way, and the tissue is not bruised, as when the *ecraseur* is used.

5. Few instruments are required, and these of the simplest kind.

Dr. Wm. Gardner, of Montreal, then read the report of a case of Double Uterus with Atresia and Hæmatometra of the Left Chamber.

The patient, a tall, thin, delicate-looking girl of eighteen, was admitted to the gynæcological service of the Montreal General Hospital with a history of intense periodic pain in the loins, hip and hypogastrium, extending over nine months. She had been fairly healthy till two years previous, when she began to grow rapidly and to menstruate. Flow moderately painful, scanty; one napkin; intervals three to six weeks. The periodic pains alluded to came on each afternoon or evening, and lasted several hours, with an interval of complete relief. Had noticed for some time a swelling of the lower part of abdomen; no bladder symptoms; appetite small; no vomiting; constipation troublesome. Palpation of the abdomen detects an elongated, smooth, very firm tumor, extending from the anterior superior spine of ilium of pubes. Two smaller projectives attached to the larger one extend towards the right side of the pelvis.

Internal Examination Conducted under Ether.

—Hymen entire, but perforate. Immediately on entering the vagina the finger meets a very firm, smooth, at one point slightly elastic mass, evidently the lower part of the hypogastric tumor already described. On the left side the vaginal wall is pushed down by the tumor to near the orifice. On the right side, and behind, the finger can be swept around the tumor to the upper part of the pelvis. No trace of vaginal partition can be detected. The only sign of an opening is a very faint linear furrow. A small aspirator needle was pushed into the tumor, and a small quantity of thick chocolate-colored blood escaped, thus clearing up the diagnosis. A bistoury was introduced, and a free incision made. Fifty fluid ounces of thick, tarry blood escaped. After partial emptying of the sac it was easy to feel the os of the left patent chamber of the uterus. Double drainage-tubes were inserted within the opening and stitched to the

edges, the ends protruding from the vagina. Irrigation every two hours with weak carbolyzed fluid was ordered. Within the first twenty-four hours the temperature ran up to 103°, but at the end of another day became normal; very little pain. Patient did perfectly well for a week, but on the eighth day the tubes ulcerated out. Within twenty-four hours the temperature rose to 101°. Patient being again etherized, a portion of the wall of the sac was excised, the tubes again inserted, and irrigation resumed. But the temperature and pulse continued to rise. Three days later a rigor, followed by profuse sweating; then increase of pain, abdominal distension, left infra-mammary pain, and pleuritic friction; vomiting, at first of mucus, then of coffee ground-like fluid; death nineteen days after operation.

At the autopsy, recent general peritonitis with profuse exudation of lymph. Bicornuate uterus; left chamber measures one and three-quarters inch; the interior of the right chamber of the size of a hen's egg, its lining stained with thickish brown fluid. Right ovary somewhat enlarged, otherwise healthy. Left fallopian tube sacculated, the sacculi containing the same tarry fluid. Another similar sacculated collection of the size of an orange, situated at the outer extremity of the left fallopian tube, its walls formed by the fimbriated extremity, broad ligament and false membrane. Other hæmatoceles were found about the left broad ligament and left border of the uterus. The left ovary could not be distinguished.

Dr. Gardner remarked upon the great rarity of the case. Exactly similar ones had, however, been described by Professor Olshausen, of Halle, Dr. Galabin, of London, and Dr. John Homans, of Boston. The diagnosis must of necessity be attended with difficulty much greater than when menstruation is entirely absent. The prognosis of all such malformations is grave. The mortality hitherto has been very great. The treatment resorted to in this case, he believed to be (so far as it went) the best that could have been adopted, but he regretted that when the condition of the patient became so desperate, he had not opened the abdominal cavity, removed the left fallopian tube with its sacculi, opened the other hæmatocele collections, and

put in a drain. In view of certain recently published remarkable cases of acute and chronic peritonitis from various causes, similarly treated with success, he believed it to be possible that the patient might have been thus saved.

Olshausen's case was treated by three successiveappings of the tumor through the vagina. Mild peritonitis followed the third tapping, but the patient recovered perfectly, subsequently married, and bore three children.

In Dr. Homan's case, being in doubt as to the nature of the tumor, he opened the belly, clamped and removed the closed uterine chamber containing the altered menstrual blood together with a diseased and distended tube and ovary, and introduced a drain. The patient recovered.

Dr. Galabin's case was treated similarly to Dr. Gardner's, but less efficiently, on account of the intractability of the patient and her friends. She died within a fortnight.

The specimen was exhibited to the section and excited much interest.

The evening was taken up by a dinner given by the medical profession of Chatham and vicinity to the Association. The attendance was large and an excellent feeling prevailed. Dr. Holmes performed the duties of chairman with his usual ability, and the addresses were listened to with delight by the large audience present.

On Thursday morning the Association opened its session with Dr. Sullivan in the chair.

The report of the Nominating Committee was read and adopted without change.

Meetings of Sections then took place.

MEDICAL SECTION.

Dr. Graham presented a specimen of Dissecting Aneurism, and gave a short history of the case.

Dr. Wilkins then read a paper giving an account of some experiments he had made in innoculating rabbits with tubercle. The experiments were all successful. A number of beautiful preparations were shown under the microscope, illustrating the various steps in the process of inoculation.

Dr. McKeough then read a paper on the use of Pilocarpine in Puerperal Eclampsia. We hope to give the paper in our next issue.

A very interesting discussion took place on the treatment of Puerperal Convulsions. Two points were prominently brought out.

1. That cases varied in character, and that consequently no set rule for treatment could be laid down.

2. That the principal object of treatment should be to remove the source of irritation.

Dr. Stewart, of Montreal, read a paper on Anterior Polio-Myelitis Chronica occurring in children, in which he related a case of this rare condition. He gave the points of diagnosis between this disease and the ordinary infantile paralysis, and the different courses pursued by the two diseases.

The prognosis in the former affection is very favorable if proper treatment be employed. He recommended the use of the Galvanic and Faradic currents.

Dr. Bethune, of Wingham, exhibited an interesting specimen showing a parasite removed from an abscess in the thigh.

Dr. Osler made some very interesting remarks on Typhlitis and Perityphlitis, giving the results of a number of post-mortem examinations.

Dr. Whiteman, of Shakespeare, read an exhaustive paper on Pelvic Cellulitis, in which he gave the history of several cases.

SURGICAL SECTION.

Dr. Park, of Buffalo, made a verbal report of a very interesting surgical operation, the removal of the larynx for carcinoma. The patient, an elderly man, a physician, had suffered for years from laryngeal trouble, which ended in epithelioma of the vocal chords. On Jan. 28th, Dr. Park removed the larynx. The operation was successfully performed, and the parts afterwards healed up rapidly. Gussenbauer's tubes were afterwards inserted, and the patient can now speak quite easily and distinctly.

Dr. Park exhibited the specimen as well as Gussenbauer's tubes.

Dr. Atherton then read the notes of two successful cases of Laparotomy performed for the Removal of Uterine Myoma. (The paper will be published in next number.)

Dr. Rutherford, of Chatham, read an interesting paper on Supra-pubic Urination.

The Association then adjourned to meet in

Quebec next year. The following are the officers elected for the coming year :

President—Dr. Holmes, Chatham.

Vice-Presidents—Ontario : Dr. Sloan, of Blyth ; Quebec : Dr. Colin, Lowell, Quebec ; New Brunswick : Dr. Earl, St. Johns ; Nova Scotia : Dr. Wickwire, Halifax ; Manitoba : Dr. Brett, Winnipeg.

General Secretary—Dr. J. Stewart, Montreal.

Local Secretaries—Ontario : Dr. Wishart, London ; Quebec : Dr. Bell, Montreal ; New Brunswick : Dr. Lunan, Campbelltown ; Nova Scotia : Dr. Almon, Halifax ; Manitoba : Dr. Good, Winnipeg.

Treasurer—Dr. Sheard, Toronto.

DERMATOLOGICAL NOTES.

Dr. G. H. Fox, in his remarks at the recent meeting of the American Dermatological Association on the treatment of psoriasis, dwelt upon the excellent results which he obtained from the use of chrysophanic acid. He only used it when there was an absence of redness in the psoriatic patches. If a case presented much congestion he restricted the diet, cutting off meat altogether. He at the same time used purgatives and diuretics, if necessary. Under the preparatory treatment the patches would lose their congested condition, and chrysophanic acid could be used with success. He thought that much of the ill success of the chrysophanic acid treatment was due to its being used when there was much congestion of the patches. He has abandoned the tar treatment altogether. The chrysophanic acid he applies either in collodion or liquor gutta-perchæ co.

Dr. Heitzman spoke of the good results which he had obtained from the tar treatment, and thought that in some cases it was more prompt in its action than chrysophanic acid.

Dr. White read a very interesting paper on the treatment of lupus vulgaris by the use of parasitocides. He first asserted his belief in the identity of lupus and tuberculosis, so far as their causation is concerned. He thought that the experiments of Koch, in producing tuberculosis by the inoculation of lupus bacilli, confirmed this theory. He was thus led to use parasitocides, and had found very benefi-

cial results from the uses of bichloride of mercury, applied locally, either in solution of two grains to the ounce or in the form of ointment.

Dr. Hardaway, of St. Louis, to whom is due the credit for introducing electrolysis as a treatment of port wine mark, read a paper upon that subject. He now uses one instead of a bundle of needles. His success in some cases has been very satisfactory, while in others little improvement resulted from this form of treatment.

It was generally conceded that the treatment of dilated vessels in rosacea was much easier and more satisfactory than in superficial nævus.

Dr. Sherwell, of Brooklyn, read a paper on the etiology of psoriasis, in which he gave the views of the various Schools of Dermatology. He did not advance any new theory.

The general impression produced by the discussion was that we have yet to learn the etiology of this very common disease. The only facts yet made out are (1) its being hereditary ; (2) its being produced by irritation in those who are predisposed to it.

Dr. Robinson read a very exhaustive paper on the histology of tinea trichophytosis and favus. The principal point he made was that in tinea, the parasite was frequently found in the rete, having undermined the corneous layer, whereas, in favus, the growth takes place on the surface of the corneous layer and does not appear in the rete unless the corneous layer has been destroyed by pressure and ulceration. The paper showed a very large amount of accurate work.

Dr. Denslow, of St. Paul, read a paper in which he reported several cases of the cure of acne by the dilatation of the urethra by sounds. In his cases there were contractions of the urethra.

Dr. Heitzman introduced several practical points in the treatment of skin diseases. He spoke of the advantage of using LeClanche's battery in the electrolytic epilation of superfluous hairs.

Dr. White recommends for seborrhœa of the scalp the following : R Acidi salicylic, ʒss-ʒi ; sulph. precip., ʒss-ʒi ; vaseline, ʒi.—To be applied each night.

Dr. Heitzman spoke of the treatment of freckles with the following ointment: R Precip. alb. Mayisterin bismuth, 3·50; glycerin, 30.

Dr. Stellerwagon, in an exhaustive paper, demonstrated the uselessness in dermatology of many of the oleates. In the discussion which followed there was a general consensus of opinion that the oleates of mercury and copper were the only preparations of this class of any value. The latter is very much inferior to other parasitocides, and the former is of value only in certain conditions of parasitic disease. For general use ointment is much superior to the oleate.

Book Notices.

The Technology of Bacteria Investigation.—By CHARLES S. DOLLEY, M.D. Boston: S. E. Cassin & Company, 1885.

European investigators have hitherto done the lion's share of the work in the study of bacteriology. Dr. Dolley urges upon his American confreres the necessity of being up and doing, if they wish to add their quota of discovery in this important study. He gives explicit directions as to culture, staining, mounting, etc., and describes the methods followed by all the eminent foreign pathologists. The literature of this subject is briefly but fully given, and a valuable chapter on "Formulary" concludes the book. Microscopists will find it very useful for reference in their investigations.

A Treatise on the Science and Practice of Midwifery. By W. S. PLAYFAIR, M.D., F.R.C.P., Professor of Obstetric Medicine in King's College, etc. Fourth American from Fifth English edition. With notes and additions by Robert P. HARRIS, M.D. Philadelphia: Lea Brothers & Co.

Playfair's Midwifery is the best known work on this subject among Canadians. As a textbook for medical students we think it the best available. It is useful not to students alone but also to obstetricians, among whom it is a favorite. Five English and four American editions show its popularity in the Old and New Worlds better than any words of ours possibly

can. The American editor has made some additions, especially as to the use of forceps, with patient on her back; describing American instruments; objecting to the use of stimulants for wet-nurses and convalescent parturient patients; and favoring the more frequent resort to Cæsarian section by the German methods.

A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits. By WM. ROBERTS, M.D., F.R.S. Philadelphia: Lea Brothers & Co.

The fourth edition of this very valuable work is now before us. It is one of the most exhaustive treatises in our language, and will be of great value to the general practitioner, as a book of reference.

In these days, when disease of the kidneys is of such frequent occurrence, it is of great importance that the physician should have a thorough knowledge of the subject, so that he may be able to diagnose the condition early, and thus treat it with greater success.

This work is divided into three parts. The first part is devoted to the physical and chemical properties of urine, and to the various alterations which it undergoes under different circumstances of health and disease, in so far as they seem to have a practical bearing.

The second part treats of a number of affections which may be put under the head of urinary diseases, viz: diabetes insipidus, diabetes mellitus, gravel and calculus, and chylous urine.

The organic disease of the kidney forms the subject of the third and largest part of the work.

This edition contains the very latest information with regard to parasitic disease of kidneys and micro-organisms in urine. Under the heading of Bacteruria, a description is given of the organisms sometimes found in recently voided urine. He divides these cases into three groups, (1) Bacteruria, associated with incipient putrefactive changes in the urine; (2) Bacteruria, with ammoniacal fermentation of the urine; (3) Bacteruria, without decomposition of the urine. Cases of the latter condition Dr. Roberts thinks are not at all infrequent.

The book is well got up in all respects, and should be in the hands of every practitioner.

The following is the very favorable criticism made by the *Brit. Med. Journal* of Dr. Robinson's work on "Dermatology," notice of which will be found in our advertising columns:

"Another substantial book on dermatology, in the shape of an octavo volume of upwards of 600 pages, reaches us from America, affording additional evidence, if that were required, of the zeal and energy of the school of dermatology which has sprung up in New York during the last decade. The author has already earned the reputation of being a sound pathologist, and the memoirs from his pen on dermatological subjects are invariably referred to by European writers, who discuss the questions to which they refer. The part that he has taken in discussions regarding the so-called dysidrosis, and the pathology of psoriasis and sycosis, have marked him out as a writer of force, and as an observer of considerable originality. His name is sufficient to call attention to any work on dermatology of which he is the author.

"The book before us is characterized by conciseness, clearness, and, we must add, occasionally, dogmatism. It is remarkable for an entire absence of repetition—a feature alone which distinguishes it from many other similar works. This special quality renders the book useful to the general practitioner, who will find the chapters on treatment clear, precise, and short, but yet embodying the results of extensive reading and considerable experience. There is so much original work in the book, that it is impossible to do more than to indicate a few points which are of special interest from the pathological side."

Tabulae Anatomicae Osteologicae. Editæ a CAROLO H. VONKLEIN. Artium Magistro Medicinarum Doctore. Editio Emendata. Cincinnati Lithographic Co. MDCCLXXXV.

This osteological atlas, dedicated rather pedantically in Latin to his "Amicissimo Collegæ," CAROLO A. L. REED, Editori, *Ephemeredis*, "Clinical Brief and Sanitary News," etc., etc., comprises thirty-two plates each containing a greater or less number of figures representing every portion of the human skeleton. There are nearly three hundred illustrations accurately

showing every bony elevation, depression, ridge, hollow, muscular insertion, foramen, tuberosity, fossa, impression, sinus or canal ever imagined and described by the anatomist. The work is a hand atlas, and many of the illustrations are necessarily much less than life size, but the engraving has been beautifully done, and is much truer to nature than the almost diagrammatic woodcuts found in some anatomical textbooks. Even the sesamoid bones, and phalanges have been as minutely delineated as the larger and more important parts of the skeleton. The student will find it a reliable guide when he begins his study of anatomy, while to the surgeon it will prove no less useful for reference. The dentist too will find it valuable. The references are all in Latin, the author being ambitious to reach "every physician, surgeon, dentist, and medical student in the civilized world," as he states in his introductory, in order to do which it is necessary to sell the work at a trifle. We hope Dr. VonKlein will succeed in his object; he has evidently devoted great pains, patience and money to the work, and secured accurate and beautiful engravings by the best artists.

Personal.

Dr. Oliver Wendell Holmes reached his seventysixth birthday in August.

Dr. Paul Vogt, Professor of Surgery at the University of Greifswald, died in July.

Dr. Osler, of Philadelphia, will deliver the next course of the Cartwright lectures.

Dr. Horace Bascom (Toronto) and Dr. D. Gow (Trinity) have been admitted Licentiates of the Royal College of Physicians, London.

Dr. Charles O'Reilly, of Toronto, has spent the last four months in Great Britain and the Continent. He has combined work with pleasure, and made a careful inspection of the principal hospitals of the old world. He expected to sail for home with his family, Sept. 17th, and reach Toronto about Oct. 1st.

Miscellaneous.

There are 11,249 members in the British Medical Association.

A new edition of the *British Pharmacopœia* was published Sept. 1st of this year.

Squibbs Ephemeris says it costs about six cents a grain to manufacture hydrochlorate of cocaine.

The tenth annual meeting of the American Gynæcological Society was held in Washington, Sept. 22nd, 23rd and 24th.

The New York Board of Health furnished vaccine virus to vaccinate people all along the Canadian border of the State.

The *Atlanta Medical and Surgical Journal* reports three deaths in Baltimore which occurred from trichinosis following the eating of uncooked ham.

The honour of nobility has been conferred on the eminent surgeon, Dr. Richard Volkmann, Professor of Surgery in the University of Halle.

DEATH OF LORD HOUGHTON.—The sudden death of Lord Houghton, which recently occurred in England, is said to have been caused by angina pectoris.

Miss Alcott remarked during a trip on an ocean steamer: "They name ships Asia, Persia, and Scotia, I wonder why it doesn't occur to somebody to name one Nausea."

TO REMOVE THE PAINT SMELL.—Place a few pieces of charcoal in a shallow dish in the painted room, and no smell of paint will exist in a few hours time.—*Medical Summary.*

A case of dorsal dislocation of the femur of six weeks' standing was lately reduced under chloroform by Bigelow's method after several trials; adhesions had first to be broken up.

FISSURED NIPPLES.—Dr. Du Bois, of Philadelphia, says the application of balsam of Peru to fissured nipples is very beneficial. It should be applied after nursing, about four times daily.

Mr. Lawson Tait has joined the army of anti-vivisectionists in England. He says "that vivisection is not only useless in solving riddles, such as we have to deal with, but that it is absolutely misleading."

Dr. Buck, of London, says that if a patient be not thoroughly under the influence of chloroform, any irritation of the fifth nerve will produce slowing of the heart and final stoppage, through the pneumogastric nerve.

The *Boston Medical and Surgical Journal* reports Dr. Partington as saying, on hearing of the wholesale withdrawal from the International Medical Congress, that he feared that the Congress was likely to be merely a sexual one.

One of the orders recently issued by a leading Russian railway company is, that one of the guards on every train shall always be a Feldscher, i.e., a party who has had some surgical training, such training being received generally in the army.

A DEATH FROM HYDROPHOBIA.—The *British Medical Journal* reports a death from genuine hydrophobia, carefully investigated by Dr. Danford Thomas, in a laborer, aged 54, in which the period of incubation was between four and five months.

We have a royal medical practitioner in the person of Prince Ludwig Ferdinand of Bavaria, son-in-law of Queen Isabella of Spain, who obtained the degree of Doctor of Medicine at Munich last year, and is now practicing at Nymphenburg, Bavaria.

Chatham has the honor of furnishing two medical presidents; one being Dr. Tye, president of the Ontario Medical Association; the other, Dr. Holmes, president of the Canada

Medical Association. It is said also that there is still much excellent material for presidents left.

Baron Léon de Leuval, of Nice, has offered a prize of 3000 francs for the best instrument (easily carried), constructed according to the principle of the microphone, for improvement of hearing. The prize will be awarded at the fourth international Congress for Otology, to be held at Brussels, in September, 1888.

A FRUITFUL WOMAN.—In the *Lyon Médical*, July 12, is recorded the case of a woman who had had 27 children, 25 of whom were living and healthy. In one year this woman had five children: 3 born January 2 and 2 on Dec. 27. Out of 27 children, six only were girls. The woman was 68 years and the husband 63 years old. Three daughters are married and following in the steps of the mother: one aged 34 has nine children, another has five, two of them twins.

The chair of Practice of Surgery in the College of Physicians, of New York, is about to become vacant through the resignation of Dr. H. B. Sands. There are several applicants for the important position, and it is proposed that they shall enter a competitive test for the honor, each to deliver a course of lectures, and a committee of the faculty to decide on their comparative fitness. This is a hopeful sign of the times, and the profession will greet it with joy.—*Med. Age*.

BOOMING DOCTORS.—An example of a new style of *working up* the doctor in a western town has come under our notice. A druggist gets out a printed fly-sheet, extolling the qualities of his drugs, dye-stuffs, paints, oils, etc., and also the transcendent abilities of the doctor who has "rented the office over my drug store." This is said to be done entirely without the knowledge of the doctor, who, however, shows his gratitude by giving a certificate, which appears in another fly-sheet, highly recommending the druggist's "Cream Flake Baking Powder."

The following combination, recommended by Dr. Fothergill, will be found a useful diuretic:

R. Pot. citrat., ʒiiss.
Spt. juniper co., ʒj.
Tr. digitalis. ʒiiss.
Inf. buchu ad., ʒviij.

M. Sig.—One or two teaspoonfuls three or four times a day.—*Medical and Surgical Reporter*.

A DRUGGIST'S MISTAKE.—An extremely sad case recently occurred in Hoboken through the mistake of a druggist who had had a large experience, and was usually extremely careful. A prescription was presented with ten grains of quinine to the dose; but sulphate of morphine was substituted, and two young women lost their lives thereby. When such mistakes recur so frequently, it seems strange that druggists are not compelled by law to take steps to avoid them. All medicines which are poisonous in large doses should be kept in separate compartments, and also in bottles of a peculiar shape and color.

A correspondent narrates the following as an actual occurrence: A young man, fresh from college, whence he came with honors and medals, was sent by his father, a practitioner of fifty years' standing, to attend a case of labor. The woman was in the throes of labor, but the young man on making digital examination found the os undilated. After waiting an hour, another examination showed no improvement. He then applied belladonna ointment, and sought to use forcible dilatation. But another hour passed by, and in spite of faithful work on the part of mother and doctor there was no dilatation. Becoming alarmed, the young man went after his father for assistance, but before he returned with the old man the child was born. He could not understand how such a thing could have happened. The old gentleman on examining the child discovered how it all was. The child's anus was red and patulous, and was liberally besmeared with unguentum belladonnæ. The worthy son of the noble sire had struck a breech presentation, and had actually mistaken the anus for an undilated os.—*Med. Age*.

THE
Canadian Practitioner

321

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS AND PROPRIETORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

SUBSCRIPTION, \$3 PER ANNUM.

Literary Communications may be addressed to any of the Editors. All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 68 Gerrard Street East.

TORONTO, NOVEMBER, 1885.

Original Communications.

NOTES ON TWO CASES OF ABDOMINAL SECTION FOR UTERINE MYOMA.

BY A. B. ATHERTON, M.D., L.R.C.P. AND S. (EDIN.), TORONTO.

CASE I.—Oct. 26, 1882.—Mrs. G., aged 40. Married eight years. Never pregnant. Family history good. Has generally enjoyed fair health. Suffered from fissure of the anus and piles some years ago. Was cured by operation. Catamenia always regular, but for the last three years have been more profuse than usual, and accompanied with a good deal of pain in lumbar and hypogastric regions.

Was examined two years ago by Dr. Scott, of Woodstock, Ont., who thought an enlarged ovary had fallen down behind uterus. He introduced one of his pessaries, which she has since worn most of the time, with a good deal of relief both to backache and other discomfort.

While on her way to Yarmouth, N.S., where she now resides, she consulted me a year ago. I found a firm, hard tumor, of about the size and shape of a small orange, lying behind uterus, slightly to the right side. It was freely movable, but seemed attached to uterus. Latter organ was somewhat enlarged, and could be readily felt above pubes. I diagnosed a pedunculated fibroid of uterus, and advised her to continue the use of the pessary, unless it became too troublesome to endure the pain and inconvenience of the disease. In such a case, I told her, it might be removed by an operation.

In July last she went over from Yarmouth to Boston to obtain the advice of Dr. John Homans. He agreed that the tumor was a fibroid of uterus, and she was treated by some modified form of pessary, for a week or two, in hospital there, being advised to return for operation if she did not progress favorably. After arriving home, she soon resorted to the use of Dr. Scott's instrument again, as it seemed to afford more relief than the one with which she was supplied in Boston. As her symptoms, however, continued to grow worse, notwithstanding the constant wearing of the pessary, she decided to be operated upon, and has come to Fredericton for that purpose.

Patient is fairly nourished, and strength and appetite moderately good.

Oct. 27, 12m.—Bowels having been moved last evening and this morning by enemata, chloroform was given, assistance being rendered by Dr. G. H. Coburn. Median incision made four inches long, between umbilicus and pubes. On opening peritoneum, a loop of small intestine and a piece of omentum protruded. These were pushed back, and hand passed into posterior pelvis. Here tumor was found and withdrawn through abdominal wound. Two steel pins now introduced at right angles to each other, through base of neck of tumor, close to uterus, and beneath them a medium-sized rubber drainage tube was wound around two or three times and tied. Tumor cut away by a wedge-shaped incision, so as to leave two raw surfaces to be united face to face, which union was effected with catgut sutures passed

through and through, from one side to the other. After removing pins and rubber tube, I found that there was some bleeding from one side, and I therefore put a double silk ligature around whole stump, which was about three-fourths of an inch in diameter. This proved effectual in checking all flow of blood. Abdominal wound closed with deep silver and superficial catgut sutures.

Operation done under carbolic spray, and antiseptic dressing was applied.

Patient to have iced milk and lime water, in small quantities. One-third of a grain of morphine administered hypodermically.

7 p.m.—Some vomiting. Pulse 80; temp. 98° F.

Oct. 28, 9 a.m.—Slept part of night. A good deal of vomiting. Pulse 88; temp. 99.3°.

9 p.m.—Ate a little rice and milk to-day. Vomits less. Passes urine freely without use of catheter. Has had a suppository of half a grain each of morphine and ext. belladonna, just before visit, for pain. Pulse 96; temp. 100.4°.

Oct. 29, 9.30 a.m.—Slept five hours. No vomiting. Pulse 72; temp. 99.5°.

5 p.m.—One or two visitors clandestinely got into patient's room to-day and she seems rather nervous this evening. Pulse 84; temp. 100.4°.

Oct. 30, 9 a.m.—Used one suppository last night. Was easy, but did not sleep much. Pulse 76; temp. 99.5°.

Oct. 31, 9 a.m.—Dozed three or four hours yesterday, and slept four hours last night. Used one-half of a suppository during night.

5 p.m.—Wound redressed for first time, spray being used. Only a slight bloody stain on gauze.

Nov. 4.—Has continued pretty comfortable without opiates, since last report. Bowels moved freely this morning from cathartic pills and enema. Wound redressed. Some suppuration along lower two-thirds of incision. This, I think, may have been due to patient's loosening lower edge of dressing a day or two ago, and thus permitting entrance of air to part. Two or three sutures removed.

Nov. 6.—Remaining sutures all removed. Some suppuration going on beneath bridges of

cicatrix along the lower line of wound. Probe, however, does not enter deeply at any point.

Nov. 7.—As wound was gaping, I dressed it with strips of adhesive plaster. Pulse 96; temp. 100.5°.

Nov. 8.—Catamenia have appeared. Patient required two or three opiates during the last day or two, which, as well as rise of temperature, has probably been largely due to approach of menstruation.

Nov. 10.—Pulse 72; temp. 99.5°.

Nov. 13.—Bowels moved by enema. Wound gradually healing. Pulse 70; temp. 99°.

Nov. 15.—Bowels moved naturally last night. Pulse 68; temp. normal. Eats a little meat and potatoes every day now.

Dec. 6.—Catamenia again appeared to-day. Wound all healed a fortnight ago, but patient has seemed weak and nervous, with some dyspeptic symptoms. Is taking a quinine tonic.

Dec. 15.—Left to-day for the country, to visit some friends.

Jan. 11, 1883.—Has rapidly improved since leaving town. Weighs 15 lbs. more than before, and feels much better for operation.

CASE II.—June 26, 1883.—Miss T., aged 35. Patient sent to me by Dr. Nevers, of Hartland, N.B. Family history good. Patient had bilious fever at 17 years; also diphtheria pretty badly five years ago. With these exceptions, health good till present trouble began. Catamenia first appeared at 14, and have been always regular, but painful. A tumor first noticed three-and-a-half years ago in left inguinal region, and it has gradually grown to its present dimensions. For the last eighteen months there has, at times, been dysuria. A year ago, was one day suddenly seized with severe pain and soreness in left inguinal region, running down groin and inside of thigh and leg. Kept bed for ten or twelve days. During this time the "cords" on inner thigh were hard, swollen, and tender. Also the whole left limb was swelled very much, and remained more or less so for two months.

Present condition.—Patient is pale and emaciated. Pulse 96, feeble. She can walk about pretty well, but must move slowly, and is easily fatigued. Has the appearance of a woman larger than at full period of gestation.

The abdomen is filled by a hard and somewhat elastic tumor, whose surface is smooth everywhere except at one point, two or three inches below umbilicus, and to the left of median line. Here there is felt a rounded prominence, about half the size of an ordinary pear. Per vaginam, the finger impinges against a large mass, pressing well down into posterior pelvis. This had a similar feel to the tumor in abdomen, and is apparently one with it. Cervix uteri cannot be reached by finger, but sound, passed up just behind pubes, can be carried to a point a little to the inside and below the prominence on tumor above-mentioned. Its end can be distinctly felt by hand on abdomen, apparently close beneath the surface.

Diagnosis.—Fibroid of uterus. After clearly stating to the patient the risks of an operation for its removal, she decided that she would rather die than continue to drag out a miserable existence of suffering as at present, and requested me to proceed with it at all hazards.

4.30 p.m.—Operation. Ether given. Assisted by Dr. G. H. Coburn, of Fredericton, N.B., and Messrs. Owens and Sury, my medical students. A long incision, made from near epigastrium to pubes. On opening abdominal cavity, an enlarged Fallopian tube was seen running transversely across tumor from the above mentioned prominence; also another enlarged tube extended from the left of this prominence outwards and downwards. Sound could, with some manipulation, be now passed up into this projecting portion, which was therefore proved to be the fundus and upper portion of body of uterus. Two ligatures were now placed on each side below ovaries, and the vessels between them divided. The tumor was then partly lifted out of abdomen, and two common knitting-needles passed at right angles through its base as low down as possible. A considerable portion of the tumor was, however, bound down firmly in posterior pelvis, completely filling that part of cavity, and thus preventing the application of the rubber cord as low down as was desirable. The diameter of mass pierced by needles was six or seven inches. After winding an ordinary rubber tourniquet two or three times around below the needles, I attempted to secure its ends

in its wooden fastener, but finding them inclined to slip, they were held taut by an assistant, while I proceeded to slice off, in several different portions, the superfluous mass, including, of course, the fundus and body of uterus. After getting well down to needles, I enucleated gradually the part of tumor which adhered to the posterior pelvis, using chiefly the fingers for that purpose, and taking care to keep sliding the rubber tourniquet well down as I proceeded, so as to guard against hemorrhage. Care was also taken during the operation to avoid wounding the ureters or bladder, by occasionally passing a catheter to ascertain more exactly the position of parts. The raw surface at point where I finally amputated was made of such a shape as to permit of the two sides being brought together somewhat after the fashion of a limb stump, just as in Case I. The sutures or ligatures used for this purpose consisted of silk and catgut, and were tightly and firmly tied. Anteriorly, the peritoneum was included in these; but posteriorly, the central portion of peritoneal flap was not long enough for this, on account of the large gap which had been left by the portion of tumor enucleated from the pelvis.

Up to this step of the operation very little blood had been lost, but on now loosening tourniquet a free flow occurred, mostly apparently coming from the free edge of cut peritoneum posteriorly, and from the raw surface left in pelvis region. This was, after a time, controlled by pressure and ligature of the peritoneum.

The symptoms of shock were considerably increased by this hemorrhage, and twenty minims of sulphuric ether were therefore administered hypodermically. Also some brandy was given per rectum.

A glass drainage-tube put in at lower end of abdominal wound, and latter brought together with silver sutures. Usual dressing of carbolic gauze and strapping, with cotton wool and flannel bandage outside.

Operation lasted about three hours, during three-fourths of which time the carbolic spray was used. Tumor weighed 19 lbs.

June 27, 9 a.m.—Rested pretty well during night. Had quarter grain of morphine hypo-

dermically, and also two or three half-drachm doses of tinct. opii. Has swallowed a small quantity of iced brandy and milk, and has had brandy and oatmeal gruel (strained) per rectum. Pulse 144, feeble. Extremities fairly warm. Urine drawn; is smoky. As there was some show of discharge on dressings, these were changed under spray. Also vagina was washed out with 1 in 40 of carbolic acid solution, there having been some bloody serous flow from that part. Quarter-grain of morphine given hypodermically.

11 p.m.—Has had a good deal of eructation of wind and vomiting through the day. Three or four enemata of brandy, with beef tea and gruel alternately, have been given. Pulse 148. Another quarter-grain of morphia as before.

June 28, 8 a.m.—Rested pretty well. Urine has been natural in color since first passage after operation. Some slight bloody discharge continues from vagina. Pulse 148; temp. 100.5°.

6 p.m.—Severe vomiting began at 9 a.m., and continued every few minutes up to the present. Vomited matters presented the coffee-ground character. Patient is very restless, and countenance is somewhat hippocratic. Not much pain. Had quarter-grain morphine subcutaneously about 3 p.m. Pulse 152.

Thinking that some benefit might accrue from transfusion, I cut down upon left median cephalic vein, and, after isolating it, it was raised upon a probe and a small trocar thrust into it through the canula, of which 14 oz. of the following solution was introduced:—

| | | |
|---------------------|-------|----------|
| Chloride of sodium | | 6 parts. |
| Carbonate of sodium | | 1 " |
| Distilled water | | 100 " |

This, after having been filtered, was heated in a clean bottle to 110° F., and then conducted through clean rubber tube of aspirator, by force of gravity, into vein—care, of course, being taken to have no air in tube. Immediately after the transfusion the pulse improved in strength, and fell to 136 in the minute.

June 29, 2 a.m.—Patient felt more comfortable for three or four hours after transfusion, but since then vomiting and distress have returned as bad as ever. Only one or two

nutrient enemata have been administered during the last twenty-four hours, as they seemed to produce quite severe pain. Pulse very rapid and feeble. Glass drainage tube removed and rubber one substituted.

3 p.m.—Countenance grows worse. Considerable swelling of abdomen. Pulse 144; temp. 102°. Dressing changed. Abdominal cavity washed out with 1 in 40 solution of carbolic acid.

June 30, 3 p.m.—Vomiting continues, though nothing is now taken but small bits of ice. No enema since last report, because it causes much increase of pain. One-sixth grain morphine hypodermatis is required twice a day for relief of pain. Wound dressed. Considerable dirty watery discharge, having a gangrenous odor. Pulse scarcely perceptible.

July 1, 3.30 a.m.—Patient died.

11 a.m.—Autopsy. Small intestines found considerably distended, but not much inflamed. There were one or two dark, gangrenous patches on the sigmoid flexure and rectum. The whole raw surface of posterior pelvic cavity was dark and foul-looking, while the free cut edge of peritoneum near this part presented the same appearance. The uterine stump looked well, and no hemorrhage had occurred from it.

Remarks.—There are several points of interest in the last case reported which are worthy of notice. It will be observed, in the first place, that no hemorrhage of the slightest consequence occurred while the elastic cord was held tightly around the stump of tumor. It is therefore evident, I think, that, seeing it was so efficient in the case of a tumor with so large a base, it will prove in all such operations equally successful in controlling bleeding. The fact that so much blood was lost before the completion of the operation was undoubtedly my own fault, in not making sure of the peritoneal wound at least, near posterior pelvis, before relaxing the constricting rubber. I may say, however, in slight extenuation of this error, that in loosening the tourniquet, the edge of peritoneum slipped rather suddenly and somewhat unexpectedly from beneath the grasp of the rubber coils.

It would have probably been better to have dissected back a longer flap of peritoneum pos-

teriorly, so as to have been able with it to have covered in completely the uterine stump, and thus shut off more perfectly the general peritoneal cavity from the extensive raw surface in posterior pelvis. In that case it would have been advisable to have drained latter by an opening into vagina, no tube being used for abdominal wound.

As to the general question of the advisability of operating in these cases, there can, we think, be no valid objection raised when the tumor is pedunculated, and is the cause of severe pain or other serious inconvenience. In those, however, in which the uterus and its appendages must be sacrificed, and that, too, at very considerable risk to the life of the patient, it is, of course, incumbent upon us to weigh well the reasons for such a procedure before it is undertaken. No doubt individual minds will be more or less influenced in deciding as to their respective action by the existence or otherwise of a surgical tendency. Some men are, probably, too ready to submit patients to an operation; while others shrink, improperly, from its performance. Some there are who seem to doubt whether a woman ever flows to death from a fibroid of the uterus, and they would apparently teach that *no* case should be submitted to hysterectomy, no matter how large the tumor or how much the system is suffering from its presence. The latter will, of course, rely upon rest and palliatives of various kinds; while an attempt may be made to produce absorption of the growth, by means of bromide or iodide of potassium, ergot, or electrolysis. I have never seen the last used in this disease, but, judging from the reports of others, it would seem that its remedial effects are somewhat doubtful, while it, like the hypodermic injection of ergot, must be anything but agreeable to the patient. I have seen a very serious abscess follow a deep injection of ergot into the buttock, and I am quite sure that few persons on this side of the Atlantic, whatever they may do in Europe, would readily submit to a course of treatment involving much pain, and extending over a period of several months, with the doubtful prospect of some slight decrease in the size of the tumor, or even the exceedingly rare chance of a cure. If a

few weeks of such treatment fail to produce a manifest improvement, I think there are few patients in this country who would persevere in it. Besides, we must not forget that there are periods of quiescence in the growth of these myomata, and sometimes even a spontaneous cure of them without the use of any drugs at all. We must not, therefore, on the *post hoc ergo propter hoc* principle, conclude that every change for the better is due to the concomitant administration of some medicine, or to the use of some other means of cure. This fact may, of course, be fairly employed as an argument against a too hasty resort to the knife in these cases. But, we think, it is now fairly agreed, that when a patient is afflicted with a large tumor in the uterine wall, which gives rise to severe and persistent hemorrhage, or, in other ways, brings about great cachexia of the system, and in which oöphorectomy and other more ordinary means have failed to procure relief, it is but right that she should have the option of the major operation of hysterectomy, a fair and candid statement being made, of course, as to dangers attending it.

As to the fatality of such cases, when left to nature and medicinal treatment, I may remark that, judging from my own small experience, it is very considerable. In a limited field of observation, I have known of six deaths, the ages of the patients ranging from 30 to 35. I am therefore strongly inclined to advise an operation for removal in all cases where the general system shows much evidence of breaking down from the drain upon it. And it must be remembered, as has often been remarked, that the operation of hysterectomy for fibroids is still in its infancy, and future experience may yet teach us to be able to reduce its mortality to a point approaching that of ovariectomy. There are some circumstances, however, which will probably always make it a more dangerous procedure than the latter operation. Among these may be mentioned the greater shock produced by removal of the uterus and its appendages, the greater frequency of pelvic adhesions, the larger size of the stump and the consequent difficulty in preventing hemorrhage, and the obstacle presented by an open passage through the vagina to the

stump, and to the securing of an aseptic condition of the latter part.

The first two difficulties in the way of success cannot, of course, be well avoided. In regard to hemorrhage, I have been told that Schröder has used a small rubber cord as a permanent ligature to the stump with satisfactory results, the ligature being discharged, per vaginam, two or three weeks afterwards. The stump when thus secured is, of course, left within the abdomen. Most operators, however, at the present time, seem to prefer the extra-peritoneal method of dealing with the pedicle, the latter being secured by transfixing needles and a rubber cord, or *Köiberle's serre noeud*. It is to be hoped, however, that (as in ovariotomy) some safe method will yet be devised, if it has not already been so, by which we may get rid of the necessity for a large sloughing pedicle in the abdominal wound, and the consequent tedious healing of that part.

Whether any satisfactory means will be discovered to keep the wounded tissues aseptic is a question of undoubtedly great importance. Iodoform bougies have of late been passed by some into the canal of the cervical stump, and iodoform gauze at the same time used to plug the vagina, in order, if possible, to prevent the admission of bacteria to the wounded parts. I would myself suggest the propriety of closing the cervix by a surgical operation previous to the performance of hysterectomy in all those cases where an interval of two or three weeks exists between the periods of menstrual discharges, and where, of course, the cervix can be readily got at and is not seriously involved in the disease. A period of ten to fifteen days would give time for the healing process to so far progress as that the cervical cicatrix would probably remain firm after the hysterectomy, and thus bar the road to the fresh wound above. Even were it to break down it would not be likely to do so for some days after the major operation, and meantime the peritoneal cavity might have become sufficiently protected, by the formation of adhesions, to prevent the entrance of germs.

Glycerine and syrups, when added to some emulsions, induce separation.

INTERNAL URETHROTOMY.

BY W. BURT, M.D., PARIS.

By way of introducing my subject I shall give you the histories of three cases selected from my note books.

CASE I. H. M., aged 66, born in England. Had swollen testicle when 15 years old, caused, he says, by a strain. Had been working very hard. Says he never had a gonorrhœa. Always had difficulty in passing his water from this time. Married at 18, and has a large family. From the time that he had swelled testicle, when he received medical attendance for a week, until he came to this country at 45 years of age, he never consulted a surgeon. Urination painful at times; drank gin for it; says of late years he would speak to doctors about his trouble and they would tell him to take a good drink of hot whiskey. Acting on this advice he would take a big glass at bedtime to ease him. For a good many years back, would have to rise three and four times during the night, and for a considerable time has had to pass his water every hour or two during the day. It seemed to him that he lived to make his water. For two or three days before I saw him he was nearly crazy, and could not stand it much longer. Says he would sooner die than continue to suffer as he has done for the last two months. Kidneys affected.

On my first visit to him, Nov. 25th, 1877, I found him suffering from retention. After working at him a good while I succeeded in passing a No. 1 E. elastic catheter, and, as the patient stated, it took about three hours to draw his urine off. The stricture was five inches from the meatus. During the following week I got up to No. 4 E.

December 6th. I introduced Maissoneuve's staff, with filiform bougie attached, and passed the smaller knife in my case, which has a breadth of five millimeters. No untoward symptom followed. Three days afterwards I succeeded in passing a No. 10 E. On the 16th of the month he called at my office, and a month later resumed work. From the time of the operation he never could pass his water without the catheter—which he did with comfort three and four times a day—until a year

had elapsed, when he sent for me because he could not pass the instrument. I succeeded after some trouble in drawing his water off, when I passed Maissoneuve's larger blade, slit up, as I thought, the inner wall of a false passage, and passed a No. 14 E. sound. From this time on he passed his water freely without the catheter, using it only once a week, or not so often, as a precautionary measure.

24th April, 1883. Called at my office to-day. For one year says he has not used the catheter. Never has any trouble. Passes his water two or three times a day, and once at night; says he has no pain or trouble of any kind, and has never been as well since he was 16 years old. Have since met him occasionally on the streets, and when asked about his condition has always answered, "First-rate; never was better." I will not say that a radical cure has been performed in this case—although a No. 14 E. passed readily after the second operation, and no complaints of any kind whatever since—until he has been thoroughly tested with the urethrometer and bulbous bougie, which I have not yet had an opportunity of doing. The urethrometer referred to is an instrument devised by Dr. Otis for determining the calibre of strictures and the normal calibre of the urethra. It is impossible to treat strictures rationally without an instrument of this kind.

CASE II. J. V., aged 46, Canadian, consulted me Jan. 15th, 1885. Had gonorrhœa when 15 years old, chancroids and suppurating bubo at 17; at 26 met with an accident—had a fall—after which he passed bloody urine for two weeks. During this time he would try for about two minutes before he could get his urine to start, and then only a small stream would pass. From that day until the present his water has troubled him, and in the fall of 1868 first suffered from retention, but got relief by getting heated up. Between 1868 and 1872 he frequently had temporary attacks of retention, but would generally get relief himself in ten or twelve hours. His urine most of the time dribbled from him. In Feb. 1872 he was operated on by a well-known surgeon in the United States, but states that he passed a No. 10 sound through his anterior stricture, but never could pass one into the bladder. He was

again operated on by the same surgeon, who this time reached the bladder. A No. 14 soft catheter was introduced and allowed to remain three days. After this the patient passed a No. 12 sound for two weeks, but never got into his bladder afterwards. He continued to pass a No. 10 down to the bladder, as he says, but not into it.

In 1882 he applied to another surgeon in the United States, who passed a No. 8 into the bladder after working half an hour. After two years' gradual dilatation twice a week no larger than a No. 10 could be passed. Shortly after this he consulted an electrician. After the first application passed a very large stream; eight days after this no instrument could be passed through the lower one. After two applications he left the electrician. After this, he states, both strictures closed up rapidly, and he could only pass a No. 4 through the anterior stricture until coming to Paris. He has not had an attack of retention since using electricity. Always could make a little stream, but would always have to don his overcoat during cold weather, it took him so long to urinate. Ever since using electricity, however, his water scalded him and the least election would bring on a painful chordee.

My examination discovered a stricture two inches from the meatus which admitted tightly a No. 4. E. catheter. Found another stricture five inches from the meatus through which, after a good deal of manipulation with filiform bougie, I succeeded in passing Maissoneuve staff into the bladder, where it was held quite firmly. The anterior stricture was cut to an undue extent, as quite a bulging took place underneath at the site of the stricture after the withdrawal of a No. 10 sound, which passed quite easily into the bladder. (It is the operation on this case that prompted this paper and from which I wish to draw some practical lessons). Dr. Dickson assisted me by giving chloroform, as the patient would not allow the blade to be passed without, although he stood the previous manipulation very well. Previous to consulting me, says he suffered a good deal from urethral fever, both after his operation and the passage of a catheter. After this present operation a severe attack of

urethral fever set in immediately after passing his water, which he did twice within two hours. The penis and scrotum rapidly became oedematous. After this he had no uneasiness with his water for 24 hours, when I drew it off with a No. 8 catheter. Passed his water occasionally, with a good large stream, from this on, but more frequently he would draw it off with a No. 10. On the fourth day the fever had almost subsided. The catheter was always used when possible, as there was now no doubt that extravasation of urine was taking place from the anterior stricture. Spasms occasionally prevented the passage of the catheter. From this time on he progressed favorably. Deep incisions were made in the scrotum, in the middle line, the central portion of which sloughed. The two halves were brought together and the healing process went on rapidly, leaving a small scrotal fistula when he left for home, nearly three weeks after the operation. At this time a No. 14 E. was passed through the anterior stricture and a No. 10 into the bladder. Every now and again the catheter would not pass through the second stricture on account of spasms. I have received encouraging notes from my patient since he left for his home. He had gradually improved, although the fistula had not quite closed when I last heard from him several months ago.

Before making any comments I shall read you a history of a third case, which is short, and which may assist me in some of my remarks.

CASE III. A. B., aged 36, Canadian, consulted me about the middle of February last. Had gonorrhœa about five years ago; noticed his stream getting smaller the last six years. Began treatment with one of our western surgeons in 1883, and was gradually dilated for one year. Says the process was a very painful one, and would faint almost every time a sound was passed. Said he had two strictures, and that the doctor could get a No. 12 through the anterior one, but not through the posterior one. On the date above mentioned I found him suffering from retention after having a cold ride and a few glasses of beer. I relieved him with a No. 6 E. catheter, the largest that could be passed. I found two strictures, the first one

an inch from the meatus, the second five inches from the meatus.

On March 27th, the day appointed to operate, I could introduce nothing larger than a No. 4 bougie. Maisonneuve staff was then passed and the smaller knife. No anæsthetic; did not complain; no wincing. Says there was very little pain, and not at all to be compared with that attending the passage of a sound intended to dilate. Passed his water just before the operation. Kept it for five hours after the operation, when it was readily drawn with a No. 8 E. catheter. A No. 9. was passed seven hours after this; was told to pass it himself on the following day. There was very little uneasiness after the passing of the catheter. On the 28th he passed his water quite readily, but it caused a good deal of smarting. On the 29th I drew his water off with a No. 10 E. catheter. Passed a No. 10 bougie; both strictures grabbed the instrument. On April 4th a No. 12 catheter was passed, and on the 8th a No. 14 sound was passed through the anterior stricture and a No. 12 into the bladder. The passage of the sound through the anterior one caused a little hemorrhage. Says he makes a good stream now—that there is some satisfaction in urinating. He does it in one-third the time, and there is no dribbling at the last. The bladder is completely emptied, and the act of urinating is that of a healthy urethra and bladder. Called at my office July 17th; has not had an instrument passed for three weeks. Again passed a No. 12 into the bladder and 14 through the anterior one. There is no evidence of the anterior stricture, but one of large calibre is still indicated in the bulbo-membranous portion.

The chief point which I wish to make is in reference to the use of the different blades of the Maisonneuve instrument. This instrument, or some of the slight modifications of it, I believe to be the most valuable one that has ever been used for strictures of small calibre. I do not believe, however, that the different blades have been used with that precision that they should have been. In fact, I have not seen any directions given that would guide us in their use. Messrs. Buren and Reyer state in their valuable work that the objection to this instrument (Maisonneuve) is that if a large blade be used

the healthy urethra is incised longitudinally, often for its whole length, anteriorly to the stricture; an accident, perhaps, of no great moment, but entirely unnecessary; while if a small blade be used the whole thickness of the stricture is not cut through. Again, Dr. Otis tells us that "It is scarcely necessary to call attention to the *entire incapacity* of dividing or divulsing instruments to deal efficiently with stricture occurring in urethra whose normal calibre exceeds their own measurement." While I would not now use a blade of this width in stricture of large calibre while we have the excellent instrument of Dr. Otis for dealing with them, and which, I believe, is unsurpassed for the precision and thoroughness with which it does its work, I believe it is much less safe in the case of close stricture of the urethra to begin with one of Maisonneuve's large blades. Dr. Otis would have us believe, from the quotation above, that to accomplish our purpose Maisonneuve blades must equal the normal diameter of the urethra. To carry out this idea would, I believe, prove more dangerous, and those who resort to it will, like Dr. Otis, when he fitted a Maisonneuve knife six inches in width to his own instrument and passed it through the deep urethra, perform it for the first and the last time. It is quite evident that all we want is to have a blade with a width equal to the radius of the normal urethra plus the radius of the stricture. To make matters plain, take my second case, where I divided the anterior stricture more than was required, with a blade which, together with the staff, had a cutting capacity of eight inches. The diameter of the anterior stricture was three and a-third inches, the radius one and two-third inches. Take the normal calibre of the urethra to have been about normal, viz., thirty inches, or as having a diameter of ten inches, and radius five inches. Now, to cut this stricture we would not be safe in using an instrument with a cutting capacity greater than the two radii, which is five inches plus one and two-third inches, or six and two-third inches; but here I passed a blade with a cutting capacity of eight inches, or one and a-third inches more in width than what seems to have been actually required. However, this need not happen again, as I now hold

that we should never use any other than the small blade, which in my case is five inches in width. With this I do not hesitate to operate on all close strictures through which I can get a filiform bougie and Maisonneuve staff. I believe we can pass a close stricture more readily with a Maisonneuve staff than any instrument I know of, unless it is Otis' dilating catheter, with a whalebone guide, which in some rare instances it may be necessary to precede the staff with. After the passage of the smaller blade of Maisonneuve, a No. 8. E. bougie will pass quite readily, and in a day or two you will have no trouble in passing a No. 10 E. or 19 F. The way is thus paved for further dilatation with bougie in the deep urethra, and for Otis' dilating urethrotome in the anterior position.

Another point, and that is to bring close stricture, anterior to the bulbo-membranous portion, to a calibre of eighteen inches in order that Otis' instrument may be passed. I would use a short Maisonneuve staff with a tunnelled extremity, that would only pass down to the commencement of the deep urethra, for it is in this latter we most frequently meet with spasmodic stricture. I have now but little doubt that the deep stricture in my second case was spasmodic, and that it would have been the best practice to have dealt wholly with the anterior stricture at first, and have restored the anterior portion of the urethra to its normal calibre before dealing with the deeper one; believing with Dr. Otis that many cases of deep stricture are wholly spasmodic, and depending on contraction in the anterior portion. Dr. Otis states that "It is the highest duty of the surgeon in all cases of spasmodic stricture in the deep urethra to ascertain and remove all anterior contraction. After this is efficiently accomplished, and when by healing all irritation from the wounds of operation have passed away, if then an obstruction remains which firmly engages or (if of sufficient size to allow its passage) firmly grasps a small instrument, it must be accepted as a true deep organic stricture." I could give at some length corroborative evidence in support of the rule of Dr. Otis just given, but you will find this part of the subject very fully discussed in Dr. Otis' book on "Stricture of the Male Urethra."

One more point, and that is, where a perineal fistula complicates the stricture, internal urethrotomy is all-sufficient to accomplish a cure in many cases (in support of this I could relate an interesting case, but my paper is already too long) and that perineal section, which it is well for us all to be familiar with—for in certain cases it is imperatively demanded—is the only procedure which will hold out any hope of saving our patient. Cases requiring perineal section alone, or a combination of perineal section with internal urethrotomy, are becoming every day more defined, and occur, I believe, but seldom.

MITRAL STENOSIS.

BY J. E. GRAHAM, M.D.

(Read at Ontario Medical Association, London, June, 1885.)

About fourteen years ago, Dr. Fagge, of Guy's Hospital, wrote a very elaborate paper on "The Murmurs Attendant on Mitral Contraction." I had at that time, through the kindness of Drs. Fagge and Moxon, an opportunity of examining several cases of contracted mitral during life and also of being present at some of the post-mortem examinations. Since then my attention has been drawn to the subject, and all the cases which have come under observation have been noted. The histories of some of them will be given in this paper.

The contracted mitral cannot be said to be a common form of heart disease. At the same time, there is no doubt but that on account of the difficulty of diagnosis many cases are overlooked, and a most serious form of heart trouble misunderstood. As will be seen hereafter, in many cases an accurate diagnosis is impossible on account of the absence of heart murmur. In many others, however, in which the præstolic murmur is presented, either through carelessness or want of knowledge, it is not recognized.

In the year 1861, Dr. Gardner published an account of the præstolic, or, as he called it, the auriculo-systolic murmur. This directed

Dr. Fagge's attention to the physical signs of mitral stenosis, and after ten years' study and observation he published in the Guy's Hospital reports the paper already referred to.

In the meantime, articles were written by Drs. Gull, Hayden, Peacock, Sutton, and Hyde Salter. The principal object of these papers was to show the connection between the præstolic murmur and mitral stenosis. Dr. Salter dealt principally with the præstolic murmur, its character, and its relation to the normal heart sounds. He was of opinion that the præstolic was one of the easiest murmurs to detect, and went so far as to say that anyone who failed to identify the sound would not only be unfit to hold the place of an accomplished and critical physician, but could hardly be considered a decently informed member of our profession. This is no doubt true in some cases of easy detection. It must be remembered, however, that patients come under observation in whom the irregular action of the heart renders the diagnosis of the sound a very difficult matter.

In French literature we find early mention of this bruit and the lesion which it indicates. M. Fauvel, in 1843, published a short but concise paper in which he described mitral stenosis and the peculiarity of the accompanying bruit. After him several others took up the subject, among whom were M. Bear and Bouillard.

In Germany little attention has been given to the subject. Even Oppolzer, the celebrated clinical teacher, who died in the year 1870, did not seem to have heard of a præstolic murmur.

Of later years, Dr. Paul Niemeyer wrote a most elaborate paper giving a *resume* of the whole matter. Judging from the conclusion at which he arrived, one cannot help agreeing with Dr. Fagge, that Dr. Niemeyer "must in practice have always mistaken the præstolic for a systolic murmur."

Dr. Fagge in recording his cases put them under three heads:—

1. Cases in which a direct mitral or præstolic murmur was heard during life, and in which the mitral orifice was found after death to be contracted.

2. Cases in which the mitral valve, or orifice, was found after death to be narrowed, but in which no præ systolic murmur had been heard during life.

3. Cases in which a præ systolic murmur was recognized by auscultation, but in which no opportunity was afforded of verifying the diagnosis by post-mortem examination.

He gave 6 cases under the first head, 40 under the second, and 19 under the third.

Towards the end of his paper he states that he had collected from various sources 28 cases in which the præ systolic murmur had been heard during life and the post-mortem revealed mitral stenosis. No case had then been recorded in which the præ systolic murmur was heard and contraction of the mitral was not found. It will thus be seen that we can have mitral stenosis without the presence of a præ systolic murmur. On the other hand, however, when that murmur is heard we may almost positively conclude that mitral contraction is present. We should not be misled by the large number (40) of cases which Dr. Fagge gives under the second head. In 15 of these death was sudden, and no proper examination had been made. In some of the remaining 25 the murmur may have been overlooked. It must not be considered, then, that the præ systolic bruit is of less importance as a physical sign because mitral stenosis has been so frequently found in post mortem examination, where its existence had not been suspected.

With this short and imperfect account of the literature of the subject as our introduction, I will now give the history of a few cases which have come under my observation :—

CASE I. Mr. P— came under my observation as an applicant for life insurance. He had a syphilitic history. The disease appears to have run a very severe course, as he was incapacitated for work for fully a year. So far as could be learned, the valvular lesion was the result of syphilis. There was no history of rheumatic fever. He did not suffer from any severe cardiac symptoms, but noticed palpitation on exercise. A distinct præ systolic murmur was heard, which had the usual rough grating character. It could only be heard over a limited space. It is needless to say that

the risk was declined. He has since been married, and is apparently in fair health.

CASE II. Mrs. W—, aged 42, widow, came under my care, April, 1884, when these notes were taken. She has five children, all healthy. The youngest is now 14 years of age. She has had only one severe attack of illness, which occurred after confinement. This was in all probability some form of septicæmia. About a year and a half ago she began to feel poorly. She noticed first a shortness of breathing and a tendency to cough. Her face would become red and puffy when she walked a distance. She had also during the night attacks of difficulty of breathing which resembled asthma. She suffered from these attacks every night for some weeks, during January and February, but they, of late, only come on occasionally. She thinks they are brought on by indigestion, as they often follow the taking of a heavy meal. She has felt very weak and unable to exert herself, and after any undue exertion she has expectorated blood mixed with mucus. She has frequently complained of a fulness in the neck. These disagreeable symptoms were, as a rule, accompanied by palpitation of the heart.

Present Condition, April, 1884.—Patient is pale and somewhat emaciated. She is very nervous. Pulse weak, and about 90 when she is quiet; bowels regular; urine normal.

Physical Examination.—Lungs healthy. The apex beat of the heart is to the left, but not much lower than normal. Over a space not much larger than a large penny a præ systolic murmur is distinctly heard. It is rough, and stops short just at the turn where the apex beat is felt under the ear. A peculiar impulse, the fremitus cataire, is felt over the cardiac region. Tonics and digitalis were prescribed, and as complete rest as possible enjoined.

During the month of May I was called up at night on two occasions to see the patient. She was at both times suffering from sudden congestion of the lungs. She had during the day exerted herself a little more than usual; had gone to bed at the usual hour, and shortly afterwards the attack came on. I found her sitting up in bed, breathing rapidly, and spitting up large quantities of bloody mucus.

The lungs were to a great extent filled with rales, crepitant and mucous. The pulse was rapid and small. The countenance was dusky and presented a distressed appearance. Ammonia and digitalis were freely given, and mustard applied to the whole surface of the chest. In the course of an hour or two, during which she continued to spit up blood, the breathing became easier, and the next morning she was comparatively comfortable. Rales were still heard in the chest.

The second attack resembled the first, but was not so severe. She had no further onsets of congestion. During the summer she improved somewhat. She went to Muskoka and there gained strength. She was a school teacher, and in the autumn returned to her work, undertaking only as much as she could comfortably accomplish. She continued to enjoy fair health until one day in the month of January. She had attended to her school duties, saw some friends in the evening, and retired as usual. In a short time she began to complain of difficulty of breathing, which rapidly increased, and in fifteen minutes after the first symptom she died. It is probable that this was also an attack of passive congestion due to stoppage of the circulation in the left auricle. I am sorry that I was not allowed to make a post-mortem. From the history, however, I think no one will doubt but that it was a case of mitral stenosis.

It might here be remarked that although the murmur was heard distinctly, the area was so small that one could easily give a cursory examination and altogether overlook it.

It is possible that the lesion in this case may have arisen from an attack of endocarditis following confinement.

CASE III. Mrs. Y—, aged 21, married one year, came under my observation January 1880, and has since frequently been seen by me. At that time she gave me the following history: She has never had rheumatism. About nineteen years ago she noticed first a palpitation and feeling of suffocation when she ran, or went up stairs rapidly. About four years ago she came to me suffering from palpitation and pain in the left side. I did not then make out the true cause of the trouble. The pain disap-

peared and she regained her usual health. She afterwards suffered from congestion of the womb, and has now an attack of bronchitis.

Present Condition.—Patient is pale but not much emaciated. Pulse about 90. She complains of a short dry cough which troubles her very much at night; appetite poor; bowels constipated.

Physical Examination.—Find over both lungs evidences of bronchitis. They are otherwise healthy.

Heart.—On palpation a distinct thrill is felt at each pulsation. The apex beat is in the normal position. On auscultation a murmur is heard over a limited area at the apex. It is rough in character and immediately precedes the systole. The sound is a very loud one, and its rhythm in relation to the normal heart sounds is very marked.

This patient has been more or less under my observation since 1880. She completely recovered from the bronchitis from which she then suffered, and has had one very severe attack of the same disease since. She has never had congestion of the lungs, and has never suffered from those dangerous symptoms which are often observed in mitral stenosis. She can walk a long distance if she does not hurry. I have seen her endure prolonged exertion without seeming to suffer much from it.

In this case, certainly the volume of the limit is not in proportion to the amount of pathological change. The murmur is a very loud one, but the stenosis cannot be very marked. It is probable too that the walls of the left auricle have become thickened and strengthened so as to partly compensate for the obstruction. She has never borne children, which is no doubt a fortunate circumstance for her, as the next case will show.

I had recently the privilege of again examining the patient. Found a præ systolic murmur which lasts throughout the interval between the second and first sound. The sound is at first soft but becomes louder and rougher toward the end.

There is increased cardiac dulness over the left auricle as well as over the right ventricle. Patient stated to me that she has had frequent hemorrhages during the winter. These were

the first she has had. She is able to walk a long distance if she walks slowly, and enjoys very good health. She says that worry and excitement will produce distress in the region of the heart more quickly than exertion.

CASE IV. Mrs. N—, aged 25, married; two children, one 3 years and the other 15 months old. Patient was first seen December 1884, when the following notes were taken: She suffered from rheumatism when she was 19 years of age. The attack was not very severe, having been confined to her bed not more than two weeks. Shortly after she was married she caught a severe cold. She was not aware that her heart was affected until her first confinement. The labour was a long, tedious one, and afterwards patient was seized with congestion of the lungs, which lasted some hours, during which she was in very great danger. She has since been troubled with attacks of congestion, but none of them so severe as the first.

Her second labor was short and easy, so that it was not followed by the same difficulty as the first one.

Present condition.—Patient has a delicate appearance. She complains of palpitation even on moderate exertion. Pulse about 90, small and compressible. Heart enlarged. The position of apex beat is lower and a little to the left of normal.

A præstolic murmur is heard over a very limited space at the cardiac apex. The space was so limited that one could easily have examined the heart and not heard it. The murmur was not loud but quite characteristic and distinct. The patient was put on iron and digitalis. She has somewhat improved by the treatment, but still suffers from the palpitation. She is in dread of becoming pregnant again on account of the danger of labor. It is a question as to what advice to give in such a case. On this point the case is of interest when taken in connection with the following one:

CASE V. Miss M—, aged 25. Patient consulted me with reference to the propriety of her getting married. She had been warned by her regular medical attendant not to marry on account of heart trouble, and she came to me thinking that possibly I might hold a different opinion. She had been fairly healthy until

four or five years before the time of my seeing her. She then complained of weakness and difficulty of breathing when making any extra exertion. She was then told that she was suffering from heart disease. Since that time she has had several attacks of cardiac trouble, but has recovered to a certain extent. She did not at any time suffer from pulmonary congestions.

Patient was somewhat emaciated. The area of cardiac dulness was increased, particularly over the left auricle. The position of the apex beat was normal, or nearly so. Over a limited space, near the apex, a loud and distinct bruit was heard. It took place before the systole and ceased at the moment of the ventricular systole. The murmur was not heard over the inferior angle of the scapula or behind. An aortic regurgitant murmur was also heard near the base. About half way between heart and apex, where both sounds could be heard, one could notice a distinct pause between the two sounds. There was no interval between the præstolic beat and the first sound.

I have seen two or three other cases, but did not have an opportunity to take their history.

Of the five cases whose histories I have read, it will be noticed that all were females but one. The mitral lesion could be distinctly traced to rheumatism in one case; in another, syphilis appeared to be the cause. In the other three the condition had apparently originated from primary endocarditis. In all the cases the præstolic murmur was heard right up to the commencement of the systole. I could not detect the interval between the murmur and the systole which Dr. Fagge speaks of.

It will also be noticed that all the cases come under the third head of Dr. Fagge's classification, viz., those in whom the præstolic bruit was heard during life, but in whom the diagnosis was not verified by a post-mortem examination.

I might here mention a case, the history of which was kindly given me by Dr. Richardson. A prisoner in the Toronto Jail, an old woman, was known to have frequent attacks of asthma. Her heart had not been examined. She went to her cell in fair health and was

found dead in the morning. A post-mortem was made and the specimen was kindly given me by Dr. Richardson. It is a very typical case of mitral stenosis. The origin of mitral stenosis, as in the case of other valvular lesions, may be traced to endocarditis in some of its forms, either occurring in connection with rheumatism or syphilis, or as an independent disease. It is generally, however, the result of the more chronic form of inflammation. The condition may also be congenital. The margins of the valves unite and become very much thickened, assuming the shape of a funnel. The opening may not be larger than a shirt button-hole. Cartilage is sometimes found in the segments.

I wish, however, particularly to speak of the diagnosis of this condition. Is it possible in all cases where it exists to diagnose the presence of a contracted mitral? This must be answered in the negative. There are cases in which it is not possible, by any means at present at our disposal, to make out this lesion until we find it in the post-mortem room. There are, however, many cases in which the lesion is overlooked, either from carelessness or ignorance on the part of the examiner. It may be stated as a general rule that in all cases where the præ systolic murmur is present there is contraction of the mitral valve. The exceptions have been so few that they do not invalidate the rule.

If the præ systolic murmur is present, can it be easily distinguished from other heart murmurs? In the great majority of cases it can be easily made out. Its peculiarities are, 1. The roughness of the sound; 2. Its being heard over a limited space at the cardiac apex; 3. Its relation to the ventricular systole; 4. The peculiar thrill which frequently accompanies it. It is distinctly præ systolic in character, and ceases at the commencement of the systole. This can be proven by placing the finger on the carotid artery, when it will be found that the sound ceases at the moment the pulsation is felt. In some cases the sound ceases before the ventricle systole, and there is a distinct interval between the two sounds.

Some authorities, Guttman for instance, makes a division of the murmur into two

parts. The one which terminates before the beginning of the systole he calls the diastolic; that portion of the bruit which ends at the commencement of the first sound he calls the præ systolic. When the murmur begins shortly after the end of the second sound and leads up to the first, it is termed the diastolic præ systolic. In most cases a difference in quality is noticed between the diastolic and præ systolic portions, the latter being much harsher and louder than the former. Both portions are louder and more distinct when the force of the heart's action is increased.

Various explanations have been given of the mechanism of this sound. The firmitus which generally accompanies this murmur is explained by Dr. Fagge in this way:—"The jet of blood in which the murmur is generated, entering the flaccid empty ventricle impinges on its inner surface at a point which must be very close indeed to the part of the ventricle which strikes the chest wall and produces the heart's impulse. The physician may thus almost be said to receive with his finger the full shock of the sonorous jet propelled into the left ventricle through the narrowed mitral orifice."

It is probable that the sound itself is produced partly by friction of the blood with the walls in passing through a narrowed orifice, and partly by valvation of the segments of the valve.

The other phthisical signs of mitral stenosis are dependent on the changes which take place in the heart. These changes are dilatation of the left auricle and hypertrophy of the right ventricle. As a result we have the area of cardiac dulness increased upwards, and to the left side as well as to the right side. These percussion signs may be of service in cases of mitral stenosis without præ systolic murmur.

There are two principal points to be attended to in treatment, first, the avoidance of severe exertion. On account of the obstruction the greatest work is thrown upon the walls of the left auricle, and if time is not allowed a compensatory increase of muscle fibre, rapid dilatation takes place which soon brings about a fatal result. If, on the other hand, there is an increased strength of the auricle walls, sufficient force may be supplied to compensate for the abatement.

On the same principle, digitalis is of great value. Its well-known action as a cardiac tonic would recommend its use in this condition. It was given with benefit in all the cases which I have treated. In combination with ammonia, it is of great service in cases of sudden congestion of the lungs.

Selections.

THE TREATMENT OF ACUTE RHEUMATISM.

Prof. Pepper, in a clinical lecture on Acute Rheumatism, concluded with the following remarks upon treatment:—

In regard to remedies. If the tongue is heavily coated, urine very dark, bowels constipated, and anorexia or even nausea present, we should give a short course of calomel and soda. This should be continued for a couple of days, until the bowels have been moved once or twice. If this is not called for, the patient should at once be put on full doses of salicylic acid or salicylate of sodium. Ten grains every three hours during the day and night would represent about the average quantity (sixty to ninety grains in the twenty-four hours). If the fever were high and the symptoms violent, we should give twelve or fifteen grains every three hours. This treatment should be continued three or four days, and if it is to do good it will do it in that time. Some cases will not yield to it, but in many instances it acts like a charm, and the value of this remedy in acute inflammatory rheumatism is positively established. It is not a specific and not universally valuable, but it does relieve a considerable proportion of cases far more rapidly than any other drug. If, before its administration, we place the digestive tract in a good condition, the proportion of cases in which it does good will be further increased. In the present case salicylic acid acted very nicely. The drug rarely does any harm. If it should irritate the stomach, it must be stopped.

If the salicylate has been given for several days and the fever does not subside, the pain does not pass away, and the joint inflammation is not improved, we should stop it; for, if con-

tinued, it is more apt to irritate the stomach and depress the patient than do other alkalies, and under these circumstances it is only doing the work of an alkali. We should then change to the bicarbonate or acetate of potassium, giving these in such doses and with such frequency as are indicated by the condition of the urine and the state of the stomach. Five grains of the bicarbonate with ten grains of the acetate of potassium may be given in water every three hours, and continued until the urine is more copious, lighter colored, and neutral. If a reasonable course of this treatment, continued for a week or ten days, does not cause a subsidence of the rheumatic symptoms, I abandon specific treatment and direct attention to the condition of the patient, giving quinine, strychnine, nitro-hydrochloric acid, and pepsin, to render primary assimilation as vigorous and perfect as possible. If we know anything about rheumatism, we know that it is connected with weakening of the power of assimilation. There is produced some irritative matter which, entering the system, produces these symptoms. If the derangement is so serious that the remedies I have recommended do not enable the system to react and throw off the disease, I abandon them and administer nerve and digestive tonics to improve the condition of primary assimilation. I have secured excellent results by this change of treatment in cases where, week after week, the salicylic acid and alkaline treatments have been pursued without positive benefit.

During this treatment the patient must be relieved of pain and enabled to sleep. Opium is the only drug which positively effects this. It is to be given in such doses as the state of the stomach and the intensity of the pain indicate. Very often a small hypodermic of morphia gives a longer and more complete relief from pain than opium by the mouth. Suppositories of opium may be used with advantage, as they do not injure the stomach. In many cases ten grains of Dover's powder will exert a relaxing, tranquillizing, and sedative effect, which is exceedingly happy. If the case proves at all obstinate, we should never use the hypodermic injections, from the dread that the patient may become addicted to their employment.

I never resort to hypodermic medication for the relief of pain except in the crises of acute disease, and I disguise the form of opium so that the patient may not be able to trace the relief of pain to any special drug. Subacute rheumatism is one of the affections which I have known frequently to lead to the opium habit.

We now come to local treatment. Of late years I have always begun the treatment of rheumatism with the application of a blister to the præcordia, allowing it to remain seven hours, following it with a poultice, and dressing with a simple unguent. I do this, in the first place, as a preventive measure; and, secondly, I think that I have noticed that it modified the general symptoms. I think that I have seen amelioration of the symptoms follow the application of a blister to the præcordia, even when there was no recognizable affection of the heart. I also apply small blisters, one inch by a half inch, over the affected joints, applying them to the different joints in succession. I also apply chloroform-liniment, and cover the part with oiled silk. If I do not use blisters, I rub an ointment of veratrine and iodine of mercury over the inflamed joint. The ointment may consist of thirty grains of veratrine and forty grains of the protiodide of mercury to the ounce of cosmoline.

If endocarditis appears in the course of rheumatism, I abandon whatever treatment I may be employing and again apply a blister to the præcordia, if that is not still sore. Internally I administer calomel, opium, and digitalis. When I have given as much calomel as I think proper, I substitute iodide of potassium and digitalis. The relief of the cardiac inflammation and the preservation of the integrity of the heart are of vastly greater consequence than the mere control of the joint-trouble; in fact, the patient has to remain quiet so long, until the heart has entirely recovered, that it makes little difference whether or not the joint remains inflamed a few weeks longer.—*Med. Times.*

The story comes from the West of a man so tenacious of lucre, that when he swallowed a five-dollar gold piece, the stomach pump could only bring up \$4.50.—*Boston Med. and Surg. Jour.*

TREATMENT OF LACERATIONS OF THE OS AND CERVIX UTERI WITHOUT SURGICAL OPERATION.

Dr. B. Brown, of Alexandria, read a paper with this title, at the recent meeting of the Medical Society of Virginia, and said that the value of Emmet's operation was acknowledged, although it was sometimes risky; but many women were so situated that they could never enjoy its benefits. Ten or twelve years' experience with some twenty cases had convinced Dr. Brown that these patients could be cured, without a surgical operation, by a simple, painless, safe, and easy plan of treatment which could be used by any practitioner. The nature of his cases had varied from trifling fissures to the most severe lacerations, and sterility had invariably co-existed. Many cases were complicated by cellulitis, localized peritonitis, subinvolution, metrorrhagia, displacements, proctitis, etc. In every case the general health was impaired. There were peculiar neuralgic pains in all those nerves coming within the circle of sympathy of the exposed and lacerated nerves of the os uteri. Thus, the great lumbar plexus manifested its sympathies in the form of constant aching pain in the base of the sacrum. Ovaralgia on the side of injury, or on both sides, if the injury was double, was almost invariable. In a few cases the development of sciatica indicated reflex sensation on the part of the sciatic nerves. Neuralgia of the crural nerves and their branches was common. These pains extended to the patella, and even down to the dorsum of the foot. Dr. Brown had healed several cases of laceration by first intention in the acute stage by means of absolute rest, disinfection, and cleanliness. If lacerations failed to unite immediately after labor, by first intention, they never united spontaneously by second intention. Local treatment then became necessary. Dr. Brown always examined the womb, etc., for lacerations as soon as labor was completed; and, if found, he began, after the first twenty-four hours, a systematic course of treatment with a view to absolute disinfection and cleanliness. Warm douches of solutions of borax, boric acid, and carbolic acid were gently used two or three times daily, and the patient was kept in

the recumbent position for two weeks. If healing did not occur by that time, it did not occur afterward spontaneously. Eight or ten weeks later, in such cases, he proceeded to procure union by the second intention. For this purpose he had used carbolic acid, chromic acid, Batley's solution of carbolic acid and iodine, solid nitrate of silver, and even nitrate of mercury, but without favorable result. The nitrate of silver increased the inflammation, pain, and tendency to hæmorrhage. He then adopted graduated solutions of crystals of nitrate of silver with the best of results. Solution No. 1 was as follows:

R Argenti nitratis, cryst., 3 ss.;
Aquæ destillat., f 3 j. ℥.

This solution was to be applied to the interior of the cervical canal freely, down to the os internum, as the cervical canal was always involved in the rent and was left in a diseased condition. Solution No. 2 was:

R Argenti nitratis, cryst., 9 ijss.;
Aquæ destillat., f 3 j. ℥.

This solution was to be applied with a camel's-hair brush freely over the entire external surface of the os and cervix, including the fissure of the laceration, until a uniform white coating was formed, thick and tenacious, almost resembling a coat of paint. This gave immediate protection to the supersensitive extremities of the exposed nerves and tender granulations, and acted as a sedative application—allaying irritation, redness, inflammation, and engorgement rapidly, stimulating new vital action and healthy growth of granulations which filled up the fissures or cavities of the lacerations, and accomplished the healing of the wound by second intention. This coating, in the meantime, formed an impervious barrier to the further absorption of septic matter from the discharges, and in this way relieved pelvic cellulitis. The healing process and reduction of hypertrophy of the cervix and inflammation progressed rapidly. The process of absorption was stimulated in a wonderful manner, and the process of involution was also promoted in proportion. In simple fissure of the cervix, extending through the mucous membrane and fibrous tissue only partially, solution No. 1 should be applied

thoroughly in the groove of the fissure, so as to reach its very bottom, and thus induce healing from the lowest depths of the wound; otherwise the object would be defeated. Solution No. 3 was:

R Argenti nitratis, cryst., 3 jss.;
Aquæ destillat., f 3 j. ℥.

This solution was only to be applied to the external surface of the cervix in the event hypertrophy and induration remained after the lacerations had healed; otherwise, if left in that condition, it formed a basis for the renewal of inflammation and re-opening of the wound. After treatment, the cervix became naturally soft and normal in dimensions. The os was not only not contracted by the application, but returned to a perfectly healthy condition. A great majority of females thus treated had since borne from one to three children, and had been entirely free from all uterine troubles. In three patients—one having borne three children, the second two, and the third one child after treatment for previous lacerations—the os uteri was found perfect as to softness, dimensions, and freedom from disease. Concealed fissures were often found after labor in the mucous membrane of the cervical canal, and caused an infinite amount of local disease, such as endocervicitis, hypertrophies of the adjacent tissues, inflammation of the fibrous tissues of the cervix, leucorrhœa, and often painful menstruation. A favorite locality for these fissures was at the internal os. The mucous membrane and sub-mucous tissue were split through, and then the rent remained a source of trouble for years. The No. 1 solution of nitrate of silver reached these wounds admirably, and would surely heal them from the bottom.—*N. Y. Med. Jour.*

MENTAL ALIENATION IN FEMALE PHYSICIANS.

—According to the *Lyon Médical*, the number of women practising medicine in England in 1881 was twenty-five. From 1880 to 1884 eight had been placed in Asylums, and at the end of last year three were under treatment. In the same country one out of every seven hundred physicians or clergymen became insane. Among lawyers the proportion was one in a hundred.

R. Z.

A CASE OF HYSTERECTOMY IN WHICH REMOVAL OF THE APPENDAGES HAD FAILED TO ARREST THE HÆMORRHAGE OR GROWTH OF THE TUMOR.

BY LAWSON TAIT, F.R.C.S.

Mrs. A. P., aged 40, was placed under my care by Dr. Lycett, of Wolverhampton, in January, 1882. She had a large myoma, which caused persistent hæmorrhage. For its treatment, I proposed the removal of the appendages, and proceeded with this operation on January 4th, 1882. I removed the left tube and ovary, as I thought at the time, completely, but the right tube and ovary could nowhere be found, although I extended my incision to the extreme length of eleven inches and a half, and pulled the tumor right out of the abdomen. Still, I could not find any trace of the ovary or tube on the right side. I replaced the tumor, and the patient made an admirable recovery. But neither the growth of the tumor nor the recurrence of menstrual hæmorrhage were in the least degree affected by that operation. In March, 1884, she again came under my care for the purpose of having the tumor removed. It had increased to quite three times the size it was in 1882, and her condition was that of extreme debility and anæmia from hæmorrhage. I opened the abdomen on March 25th, for the purpose of removing the tumor; but the hæmorrhage was so terrific from the adhesions which had to be separated, that I desisted, and closed the wound. The patient went home in about three weeks, with no other hope before her than that of a speedy death. She was one of the thirteen cases of which I spoke to the British Gynæcological Society a few months ago, which then were known to me to be in progress of death from bleeding myomata. The only remaining interest which I had in the case was the expectation of having a *post mortem* examination, to discover, if possible, why my original operation had failed.

One day early in August, I happened to be in Wolverhampton, and called to see how the patient was, and, to my surprise, found her still alive, and able to get about in a sort of fashion, with the hæmorrhage still going on,

and certainly no kind of improvement effected in her condition. The tumor had grown until it occupied the whole abdomen, and interfered very much with her breathing. The patient was extremely thin, and of a most ghastly white color. She is a woman of remarkable pluck, and when I suggested to her that, if she liked, I would try the operation of removal of the tumor once more, explaining to her that I would complete the operation, no matter what it cost, she yielded a ready consent. Therefore, again on September 5th, assisted by Mr. J. W. Taylor, I succeeded in removing a tumor somewhere about forty pounds in weight. The adhesions were all in front on the line of the old incision. The tumor itself proved to be, as I had all along suspected, one of the large soft œdematous myomata, occupying the anterior wall of the uterus, the cavity of the organ lying quite behind it, and measuring nine inches long, and three and a half inches wide at the base. After removal of the tumor, about four quarts of serum exuded from it in the course of a few hours. The pedicle was broad, but easily secured by a clamp. The patient has made a rapid and easy recovery.

Very careful examinations of the tumor were made independently by Mr. Taylor and myself, and we came exactly to the same conclusions, which are as follows: That there was no aperture on the right corner of the uterus, and that there was no trace of the right ovary or tube. The aperture on the left corner of the uterus was large enough to admit a No. 5 catheter, and there was no more than two inches of the left Fallopian tube outside, which had not been removed at the original operation. No trace could be discovered of the left ovary. This ovary, fortunately, I had preserved, and, when I re-examined the organ which had been removed on January 4th, 1882, I found that its removal had been quite complete, but that only about one inch of the outer part of the Fallopian tube had been removed with it. Here, then, we have an extremely curious condition. The appendages on the right side were congenitally absent. The failure of the removal of uterine appendages to arrest the growth of this tumor had always been regarded by me as due to the fact that the tumor was one of the soft œde-

matous myomata, and the case is alluded to in my recent paper in the *British Medical Journal* as No. xxv., and as being the only real failure in my experience up to the time included in that paper. Now, the evidence is to the effect that the failure was due, not to the peculiar nature of the tumor, but to the fact that I did not completely remove the only Fallopian tube which the woman possessed. In speaking of cases of myoma, I have repeatedly alluded to three cases in my experience where I have failed to arrest the growth of the tumors by removal of the appendages. In all three cases, I have regarded the reason of this failure as being due to the nature of the tumour, that of the cedmatous myoma. In this, the first of the three cases in which I have had an opportunity of verifying the accuracy of my opinion, my view of the tumor has been correct, but it seems to me far more probable that the failure of my first operation was due to the incomplete removal of the tube, than to the intrinsic quality of the tumor. I need not point out that this case goes a long way to show that removal of the ovaries has nothing to do with the brilliant results of these operations for bleeding myoma. As I have often said, in many cases I have deliberately left the ovaries, and yet success has been perfect. In this, the ovary was absolutely removed, and the operation failed. This case is one of thirteen patients who were in the process of death from myoma, to whom I alluded in a speech made to the British Gynæcological Society. I hope to be able still further to reduce the list after such an encouraging experience.

I have just received a letter from my friend Dr. Keith, in which he tells me, to my intense delight, t'at he has been able successfully to remove another from this list of impending fatalities. I have not the slightest doubt that, in every one of those thirteen cases, if the operation were done under the improved methods of Dr. Keith, we should have a successful result. But, unfortunately, the patients shrink from the proceeding from which alone they can derive any prospect of benefit.—*Brit. Med. Jour.*

FLATULENCE.—Bartholow states that hysterical flatulence can often be promptly relieved by 5 to 10 drops of ol. cajeputi.

IRREGULAR SEXUAL DEVELOPMENT.

Two recent studies in our German exchanges give much food for reflection to the physiologist and the social philosopher.

One of these is by Dr. Geigel, and has for title, "The Variability in the Development of the Sexual Organs in the Human Species." The other is an opinion by Dr. Scholtz, of Bremen, in the case of a middle-aged man, who had long been subject to abnormal sexual desires.

Dr. Geigel has once more subjected the growth of the fœtus in utero to a careful study, with the view of ascertaining what it is that decides on the sexuality of the child. His results are in certain respects negative. His conclusion is that there is no room for a simply mechanical explanation of the fact of sex. He says: "We must content ourselves with saying that in every embryo there is an inherent tendency, the plus or minus of which decides its sexual evolution."

But there is one new fact which he brings out strongly, and that is the slow and imperfect manner in which in some cases both the sexual organs and their correlated sentiments are developed, not only in the fœtus, but in after life. "The whole term of life," he remarks, "is often insufficient to develop the sexual contrasts which theory demands." Some men remain largely women, some women largely men, their whole life through. There is an emotional and intellectual hermaphroditism where there is no physical one.

At this point we may turn to Dr. Scholtz. In his specialty of medical jurisprudence he explains the perversity of the sexual instincts in certain cases by this undeveloped sexuality. "My observations have convinced me," he writes, "that in such cases the crime of pederasty is not merely a disguising habit, or the refinement of debauchees, but a congenital abnormality of the sexual instinct; an abnormality which very often is revealed in a general physical condition approaching that of the female type."

Such cases he would consider as of inborn mental alienation, and thinks their proper place is in the wards of a hospital, or under medical

surveillance, rather than in the criminal dock.

Doubtless, their scientific aspect is such as he describes. But the social economist may well inquire whether a criminal punishment even in such cases is not better, as the fear of it will serve to stimulate the weak will-power of the feeble-minded, and will also be more of a terror to the deliberately perverse. For ourselves, we think it would be better, here as elsewhere, to punish the insane than to afford the sane an excuse to escape the proper chastisement for their crimes.—*Medical and Surgical Reporter*.

ATONIC DYSPEPSIA IN BALTIMORE POLYCLINIC.

BY G. J. PRESTON, M.D.

The service at the Polyclinic has been quite large during the past few months, and a number of interesting cases have presented themselves. Of course in a general dispensary there are certain diseases which become monotonously frequent, and it is necessary for various reasons to adopt a certain standard treatment for them. With this view various experiments have been made in the treatment of Atonic Dyspepsia, which is by far the most common form of indigestion met with at the Polyclinic.

The alkaline treatment, even in cases where acidity was marked, was soon discarded as being only temporary. Sometimes the combination of a simple bitter, as tincture of columbo with soda bicarbonate, acts well for a time. Pepsin has proved of little value in adults unless given in quantities larger than most dispensaries can afford, or than a patient will take.

The most generally useful drug is strychnia in the form of tincture nux vomica. This can be given in much larger doses than it is prescribed. For many of the cases the initial dose was grt. x to xx t. i. d. with as much acid hydrochlor. dil. This given before meals in cases where the normal acid is in excess, and after meals where it is deficient in quantity is of inestimable service. It is by no means a new treatment, but after a somewhat careful and extensive experience with it, it has proved the most satisfactory.

In some of these cases where, in addition to

the ordinary symptoms, there is pain, a very good plan is to add to the above, m i to iii of acid hydrocyanic, dil.

This drug seems to have a peculiar sedative action upon the terminal nerves of the stomach, and will be found useful in various painful affections of this organ.

Many of these cases improve rapidly on iron and the best way to overcome the unpleasant effects which often prevent its use is by combining gr. x of pot. brom. with grt. x to xx of the tincture of the chloride. — *Maryland Med. Journal*.

A DANGER FROM DRAIN VENTILATION.

Although sanitarians thoroughly realise the danger from this source, yet the average physician is very apt to overlook it. Hence we reproduce the remarks of Dr. John C. Thorowgood from the *Lancet*. He says:

"Not long ago, when attending a young lady with ulcerated throat, I heard of a family several members of which were for a long time ill with troublesome ulceration of the throat, the cause of which was for a time a mystery. It was at last found out that the ventilating pipes in connection with the drains of an adjoining building were not carried up above the roof, the result of this arrangement being that sewer gas found its way into the dwelling of the patients by the upper windows. Now, when so much is being done in the way of drain ventilation, it becomes obviously a most important matter for the ventilating shafts to be carried well above all windows that may be in proximity. In the heavy air of a town it is especially important to let the gas escape at an altitude where there is some air current to blow it away."

—*Medical and Surgical Reporter*.

THE USE OF VAGINAL INJECTIONS AFTER NORMAL CHILD-BIRTH.

Dr. Simon Baruch, who has studied this question very thoroughly, thus concludes an article in *Gaillard's Med. Jour.*:

If the obstetrician will never introduce an examining finger into the parturient canal without brushing the nails and washing the hand

with an antiseptic solution—if he will be careful to make his examinations rarely—if he will *express* the placenta completely by Credé's method and *extract* the membranes without haste—if he will ensure complete expulsion of all coagula and tonic contraction of the uterus—if he will *see to it* that the vulva has been well cleansed of all clots and stains by an antiseptic solution (not with a sponge), and that it continues to be kept clean—if he will have clean napkins, sprinkled on the outside with some strong antiseptic solution, placed upon the external genitals, and if the nurse's hand be strictly kept out of the vagina, the demands of modern midwifery will be fulfilled, and "all will go merry as a marriage bell," so far as puerperal fever is concerned.—*Medical and Surgical Reporter*.

GALL STONES.—Dr. Quisling states (*Tidskrift for Prakt. Med.*), that in seven cases of gall stones—two men and five women—he has seen good results follow the use of Martin's elastic bandage. Its action depends on the immobilization of the abdominal organs, by which the calculus is prevented from irritating the mucous membrane, and from causing reflex contractions of the muscular wall of the bladder. The bandage is applied rather firmly over the upper edge of the hepatic dulness, as far down as the crest of the ilium, a piece of flannel being placed under it. It may be removed at night, if desired, by the patient. Its use should be persisted in until the patient appears to be definitely cured.—*London Med. Record*.

ICE TO THE SPINE IN OBSTINATE VOMITING.—Dr. Wm. L. Davis reports a case of vomiting in typhoid fever, in which every remedy, even pellets of ice, was rejected by the stomach. He applied ice to the lower part of the spine in considerable quantity, and the vomiting instantly ceased and a profuse perspiration followed. The use of ice was only persisted in when indicated, and cool sponging was instituted with marked benefit, so that the ice was only occasionally required. Recovery in the average time took place.—*Mississ. Valley Med. Monthly*.

HYDROCHLORATE OF COCAINE IN THE VOMITING OF PREGNANCY.—Weiss, of Prague, has used this remedy successfully in a case of vomiting of pregnancy which had resisted all previous attempts at relief. The patient was weak and anæmic, of a nervous disposition, and had suffered in three previous pregnancies with persistent vomiting: in her present pregnancy her condition was serious. Weiss prescribed:

R Hydrochlorate of cocaine gr. ii.

Alcohol, enough to dissolve.

Water ʒv.

Sig.—One teaspoonful every hour.

After the sixth dose three tablespoonfuls of milk were well borne: after the eighth, a cup of broth with egg, without vomiting. After the sixteenth dose the patient ate with relish chicken broth, slices of white chicken-meat, and drank a glass of wine, without vomiting. The drug was then withdrawn for a time, owing to an increased frequency of pulse and respiration; but hourly doses were subsequently given with the result of entirely checking the vomiting and enabling the patient to regain her former strength.—*Boston Med. and Surg. Jour.*

Therapeutical Notes.

IODOFORM AGAIN.—One-third of its weight of powdered coffee is said to effectually disguise the odor of iodoform.

FOR ULCERATED ZONA.—

R. Liniment, oleo-calcaire 500 gr.

Acid boric o.g. 50c.

Skullcap (*scutellaria*) is highly recommended by Dr. Wimermark, in the *New York Record*, for enuresis. To a child, aged twelve, he gives ʒi of fluid extract t. i. d.

The *Lancet* says that iodoform may be rendered inodorous by adding 1 part of sulphate of quinine and 3 parts of charcoal to 100 parts of iodoform.

OINTMENT FOR PHLEGMASIA.—R. Pure lard, 30 grains; extracts of opium belladonna, hyoscyamus and conium, of each 3 grains. Mix. Rub over the inflamed veins.—*Bullet Gén. de Therap.* R. Z.

NASAL ASTHMA.—Dr. G. Hunter Mackenzie, in the *British Medical Journal*, finds nasal bougies containing one-twelfth to one-sixth of a grain of extract of belladonna the most efficient remedy. He applies one night and morning.

FEVER THIRST.—Surgeon-Major S. K. Cotter, of the Indian service, recommends painting the tongue with glycerine in cases of typhoid fever with dry and parched tongues covered with sordes.

FOR BALDNESS.—Bartholow uses :

Ext. pilocarpī fl. ʒi.

Tinct. cantharid. ʒss.

Lin. saponis. ʒiiss.

℞. Sig.—Rub into scalp thoroughly daily.

CODEINE AND ITS SALTS.—Schencider recommends large doses, a grain and a half to three grains, to produce sleep and as a substitute and palliative for morphine habitues. In these cases he gives a grain and a half every three hours. —*Northwestern Lancet.*

FOR IMPOTENCE. (Bartholow).—

℞. Ext. cannabis ind. gr. x.

Ergotin (aq. extr.) ʒ ii.

Ext. nucis vomica gr. x.

Ft. pil. No. xx.

Sig.—One morning and evening.

SPECIFIC CATARRH. (Bartholow).—

℞. Sod. Iodid. gr. x.

Syr. picis. ʒii.

Sig.—Ter die.

Et. ℞ pil. ferri iod. (U. S. P.)

Sig.—One daily.

Bartholow states that he has better results from the combination of potassium, bromide and digitalis in the spermatorrhœa of plethora than from any other remedies. (Wouldn't ʒi magnes. sulphat, three times a day, be efficient?—ED. PRACTITIONER.)

LUBRICANT IN OBSTETRICS.—Dr. S. H. Owen recommends the following as an antiseptic lubricant for fingers and instruments in midwifery:

℞. Hydrarg. Perchlorichi gr. ij.

Olei eucalypt. ʒi.

Adipis benz. ʒi.

LOTION FOR ERYSIPELAS. (Rothe).—

℞. Carbolic acid, tinct. iodin. and

alcohol āā 5 gr.

Spirit turpentine. 10 "

Glycerine pur. 25 "

℞. Apply every two hours with a soft rag or sponge.

IODOFORM POWDER FOR CANCER.—

℞. Iodoform 18 grains.

Quinine sulphate. 3 "

Essen. Menth. 40 ℞

Charcoal powder. 15 grains.

℞. Apply to the ulcerated parts.

TO DISGUISE THE TASTE OF MEDICINES.—Bitter and nauseous salines are best taken simply diluted with ice water. A mouthful or two of iced water, before or after the dose, to blunt the sense of taste; and the dose between them in a wineglassful of iced water, renders it easily taken by most people.

FOR BUBOES. (Taylor).—

Cryst. carbol. acid. gr. vii.

Distilled water ʒi.

Alcohol q. s. to dissolve.

Ten to twenty drops are injected deep into the bubo, whether inflammatory or specific. According to the author, pain and inflammation rapidly disappear.

COUGH OF FIBROID LUNG.—Dr. Hawkyard, of Leeds, writes in the *London Lancet*, of Aug. 22nd, that Bonjeau's ergotine ensures a good night's rest with little or no cough, and expectation somewhat lessened, in cases of fibroid lung. He usually prescribes a draught containing four to six grains, or gives two grains hypodermically. All other preparations of ergot have been of little or no use.

SALICYLIC LEMONADE IN FEVERS.—

℞ Fruct. Linen. No. 10.

Acid Citric. 3 ss.

" Salicylic 200 grs.

Sacch. alb., aqu. āā q.s.

Squeeze the lemons and put the juice aside; boil the fruit in half or three quarters of a gallon of water fifteen or twenty minutes. After

standing six hours, take out the lemons and again press them before throwing away. Add the juice and citric acid to the liquid, boil five minutes and strain. While hot add the salicylic and stir. Sweeten to taste, and make up to one gallon.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TO SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 68 Gerrard St. East.*

TORONTO, NOVEMBER, 1885.

CANADIAN MEDICAL SCHOOLS.

The winter sessions of the Canadian Medical Schools were commenced on the 1st of October, and the regular work has been continued since. On comparing this with former sessions, there is nothing very striking to note. The numbers appear to be steadily increasing from year to year, probably to a greater degree than the wants of the country demand. Many ask, What will become of them all? The question is not very new—in fact, it has been asked so often of late years that we would gladly answer it if we could, to prevent needless repetition. As far as pecuniary considerations are concerned, there is no doubt that the physicians of Canada have fully their share of this world's good things. When we look at other professions or occupations, we can find no one which is more certain to bring in a fair yearly income to a conscientious worker than the practice of medicine. Apart from this aspect of the question, there is much connected with the grand and comprehensive study of medicine which is certain to draw within its folds many earnest students. As medical graduates in the past have, as a rule, succeeded, and attained a position among the most prosperous and influential of our inhabitants, we see no reason why

they should not be equally successful in the future.

As far as medical education is concerned, Toronto holds a very high position in our Dominion. It attracts more English-speaking students than any other of our cities, and the numbers are increasing very rapidly. During recent years both of our schools have been compelled to make extensive additions to their buildings, and yet they are even now full to overflowing.

THE TORONTO SCHOOL OF MEDICINE.

The opening exercises of the Toronto School of Medicine took the form of a conversazione, which was given by the Faculty on the occasion of the opening of the new wing, to which we made reference in our last issue, and was in all respects a successful and brilliant affair.

The opening address was delivered by Dr. W. W. Ogden, and was highly appreciated by those who had the good fortune to get into the overcrowded lecture-room. After the lecture a concert was given under the direction of Professor Theodore Martens, which was all that could be desired.

The various new rooms in the recent additions, which were made unusually attractive by the beautiful decorations which had been arranged by students and ladies interested in the school, were much admired.

The number of freshmen registered this year exceeds considerably that of any former session. Both teachers and students are delighted with the new condition of things. The capacity for laboratory work and practical work of all kinds is greatly increased, and the great utility of such increase, in the light of modern teaching, can scarcely be overrated.

TRINITY MEDICAL SCHOOL.

The opening lecture for the session in the Trinity Medical School was delivered by Dr. Covernton, and well received by the large audience assembled, including the students, among whom the doctor is deservedly popular. A conversazione was also held on the evening of the 1st of October, which was well attended, and was exceedingly successful. The number of freshmen is large, and the school will be very full this session.

THE WOMAN'S MEDICAL COLLEGE.

Dr. Krause delivered the opening lecture for this modest but worthy institution. The number of *Freshmen* is less than that of either of its big brothers in Toronto, but the school is on a firm basis financially and otherwise.

M'GILL MEDICAL COLLEGE.

A large addition was built to the school building this last summer, which was formally opened October 22nd, when Professor Osler, of Philadelphia, delivered the opening lecture. The worthy and able doctor received a hearty welcome from his old students and many friends in Montreal.

A dinner was also given the same evening, which was a very successful and enjoyable affair.

We regret that this excellent institution should have suffered to any extent from such a cause as the existence of small-pox in Montreal, but are pleased to be able to state that it is not affected so much as was at one time expected; and the number of students is about equal to that of last year in the aggregate, while the number of freshmen will be somewhat smaller.

KINGSTON MEDICAL COLLEGE.

Reports from Kingston say the Royal College of that city is in a flourishing condition, and has a large class of students. This worthy old school has had some reverses in the past, but it has come through them all with flying colors, and stands to-day stronger than ever.

THE WOMEN'S MEDICAL COLLEGE OF KINGSTON.

Dr. Anglin delivered the opening lecture for the session, October 11th.

WESTERN UNIVERSITY—MEDICAL DEPARTMENT.

Considering all the circumstances connected with the formation of this school, its success has been very encouraging. The difficulty of giving clinical instruction with an hospital so far removed from the school building is a serious drawback. It has, however, a good staff, and is situated in the centre of a very flourishing country, and must eventually succeed.

MANITOBA MEDICAL COLLEGE.

The opening lecture of the Winnipeg Medical School was delivered, October 1st, by Dr. N. H. Ferguson, Professor of Physiology, who gave a history of the college, with reasons for its establishment, and discussed the present prospects of its ultimate success. In its first session, 1883-84, there were 15 students; last session, 22; and this year there are over 30.

OUR SUPPLY OF VACCINE VIRUS.

The prevalence of small-pox in Montreal has had a good effect throughout the Dominion by showing the great importance of vaccination. As vaccination is not compulsory, in the proper sense of the word, people are very apt to grow careless about the matter until danger grows imminent.

It has become the custom among nearly all physicians in this country to use the bovine to the exclusion of the humanized virus; and, indeed, we have educated the public up to the point of refusing, as a rule, to have the latter used. The question is, however, by no means one-sided, and some arguments may be adduced in favor of using the humanized vaccine, as was the custom a few years ago. We have no intention of entering into a discussion of this subject now; but a few in this city are commencing to think the results were more satisfactory under the old system of vaccination than they have recently proved under the new.

The physicians of Canada have to depend, as a rule, upon the material sent here from various firms in the United States, most commonly on ivory points or quills. The results have generally been fairly satisfactory, while occasionally they have been quite the reverse. The best results have been obtained from the points of the Lancaster farm, and the quills of the National Vaccine Establishment at Washington. Some think the Provincial Board of Health in Ontario should have an establishment under their supervision. Some time ago they had the matter under consideration, but as they thought we could obtain plenty of good virus from the Americans, they decided not to recommend the scheme to the Government. It is not improbable that they may reconsider their decision, and advise the formation of an Ontario vaccine farm.

ENGLISH HOSPITALS.

From the educational number of the *British Medical Journal* we can get a great deal of information about British medical teaching and examining bodies. The fees in some of the London hospitals are high. The composition fee for all lectures and hospital practice required by examining boards in St. Bartholomew's, St. George's, and University College is for each six hundred and fifty dollars. The lowest fee in London is that of the Charing Cross and the London, viz., four hundred and seventy dollars. In all cases the hospital and medical school are under the same management.

The London Hospital has 800 beds; St. Bartholomew's, 750; Guy's, 695; St. Thomas', 572; St. George's, 351; University College, 200; King's College, 170.

St. Bartholomew's will furnish a fair example of how they are divided. There are 227 beds for medical cases, 353 for surgical, 26 for diseases of the eye, 20 for diseases of women, and 75 in the Convalescent Hospital at Swanley.

The *British Medical Journal* is not satisfied with the position of London as a centre for advanced medical teaching. It says: "There is a constant stream of men still young, or in early middle age, returning to London on furlough. It is, unfortunately, too true that men of this class can find but few openings to turn their leisure to good account." After discussing the matter at length, it closes its article as follows: "Meanwhile, cannot some effort be made to put the advantages which already exist more prominently forward, and to fill up the vacant places? The matter is eminently one for the consideration of the teachers and men of scientific attainments in the various departments. The want of funds is, no doubt, one of great difficulty; but the want of organization and concentration of thought and work is greater. If a satisfactory scheme for the formation of biological laboratories for advanced students were drawn up and put before the profession, there would be something to point to, and it is quite possible, nay certain, if sought in the right way, that funds would be found."

TESTIMONIALS TO COMMERCIAL ENTERPRISES.

A correspondent in this issue directs attention to the custom of giving indiscriminate testimonials to commercial enterprises, which is becoming far too common. Many practitioners appear willing, through pure good nature, to lend their names to any parties who choose to ask for them. Many think that physicians should not under any circumstances give such testimonials, and make it a rule to refuse all applications for them. These certificates become altogether too cheap when they are to be had simply for the asking. With all due deference to our correspondent, we may say that the custom of refusing them is not so well observed, even in the old country, as it might be.

Apart from the ethical aspect of the matter, the custom appears much worse when certificates are given for articles which are practically worthless. We will not follow our correspondent in his discussion of the value of any particular compound, but have only to add that the possibility of giving a certificate which might deceive the public should put all physicians on their guard in this particular.

MEDICAL EDUCATION IN CANADA.

In many respects we are making rapid strides in improving the character of our medical teaching in Canada. It is becoming more practical in many ways, but especially in the increased amount of work done in laboratories, and the better methods of imparting clinical instructions in our hospitals and dispensaries. The Canadian student who takes full advantage of all the facilities placed at his disposal, sees less that is new to him when visiting foreign countries than he did under the old regime.

At the same time we have to regret that so many men show such an anxiety to complete their course in three sessions in our schools. As a rule the fourth year spent with a medical practitioner is little better than a farce, and the three years students are compelled to resort to a system of injudicious cramming in preparing for their examinations.

The Ontario Medical Council made strenuous efforts to enforce four years' attendance in lec-

tures in recognized schools, but the course adopted by some of the institutions in Great Britain in allowing our three years graduates to go up to their examinations, has seriously crippled their laudable attempts to advance the standard of medical education in this province.

It is a strange incongruity, and a lasting disgrace to the old country, that such a condition of affairs should exist, and we would like to see some of our Ontario universities follow the example of Toronto and McGill Universities in adopting and thoroughly carrying out the four years' system.

ONTARIO MEDICAL ACT.

Dr. Burns, the representative for Midland and York, has called a meeting of the physicians in the Division to be held in the Medical Council Chamber, Toronto, Thursday evening, Nov. 12, at 8 p.m., for the purpose of considering the proposed amendments to the Ontario Medical Act.

It is intended at the same time to have a meeting of the physicians of Toronto and suburbs to decide on a regular tariff of fees to be submitted to the Council for approval, the result of which will be to legalize such tariff.

We have before expressed our opinion on this subject, which is a very important one, and will do no more now than urge the members of the profession to show an active interest in the matter, and we hope there will be a full meeting.

The following are the proposed amendments :

Firstly,—In Section VI., add,—“and provided that said colleges not mentioned in this clause must establish a medical faculty, and give lectures in each department for such a time as may be specified by regulations of the council.”

Secondly,—That all actions brought against medical practitioners for malpractice must be instituted not later than one year from the date of such so-called malpractice.

Thirdly,—In regard to proper payment of medical witnesses when summoned to give medical evidence for any court of law or equity, recommend that they should be properly paid.

Fourthly,—That we recommend the appointment of a medical man in each division to act as taxing officer for all medical accounts in dis-

pute, when so required, with similar powers to those of the taxing officers of the law society.

Fifthly,—That the council shall have power to establish a code of ethics, and in the event of any violation of the code, to punish the offender by suspension or erasure of his name from the register of the college, such action to be proceeded with by examination by the council. The same to have power to examine witnesses on oath.

Sixthly,—Security for cost in suits for damages for alleged malpractice.

The plaintiff's and defendant's private examination might be placed before a judge of one of the superior or high courts, and if the judge thought it doubtful that a conviction would be obtained against the defendant, he might order the plaintiff to give security for costs, so that if the judge at the trial dismissed the suit, or if the jury found for the defendant, the defendant would not in fact be saddled with damages: the damages here of course being his own costs, which too often the plaintiff cannot pay.

At the last meeting of the Medical Council, held in June, 1885, the following resolution was carried :

Resolved,—That the members of the several divisions in Ontario shall bring before their several division associations the amendments sought for by the Medical Council, and endeavor to secure their influence with the members of the local government, by petition or otherwise, and that the registrar be requested to have printed petitions sent to each of the representatives in this Council requesting them to obtain signatures to such petitions, and also to act in accord with the chairman of committee appointed by the council to obtain such legislation; also that a copy of the amendments sought for shall be sent to the representatives of divisions.

MEDICAL SCHOOL RESIDENCE.—The authorities of St. Mary's Hospital Medical School, recognizing the difficulty students find in selecting boarding houses near the school, have established a “residential college” in the neighborhood. This boarding house is placed under the superintendence of Dr. Robert Maguire, who is connected with the school, as warden. Each student will have a comfortable room which he may also use as a study, and he can also have the use of a large public study, a laboratory, and other rooms, together with the assistance of demonstrators of the school.

Correspondence.

To the Editor of the CANADIAN PRACTITIONER.

It has been repeatedly, and unfortunately not without some degree of justification, said that medical men can be induced to give certificates in favor of anything under the sun. The remark is most frequently made, I believe, by our cousins "of the long robe," and though prompted often, perhaps, by *ex parte* malice, the hidden germ of truth, it must be allowed, makes the inoculation rankle. Would it not be well, therefore, "in general honest thought and common good to all," that medical societies and medical schools should inculcate amongst their members the impropriety of giving certificates at all in extra-judicial matters, and more especially in favor of commercial enterprises? This is the rule of conduct in the old country, and, fortunately, is fairly well observed—at all events by the leaders and great teachers of the profession. Judge of my astonishment, therefore, to find, the other day, in picking up, in a drug store, the advertising sheet of a proprietary preparation which bore its condemnation on its face, the names of ten medical gentlemen of this city—some of whom did not hesitate to involve their school and hospital in their own disfavor—appended to certificates as to the excellence and value of "*Permanganate-Phenylene*." Now, sir, when we take into consideration the time and trouble necessary to test the worth or worthlessness of an antiseptic substance in a scientific way, we are led to wonder how those engaged in active general practice can find the time and disinterested zeal demanded by the arduous task of a micro-clinico-chemical investigation of the merits of a commercial disinfectant-antiseptic. Of course these gentlemen must have determined the virtues of this old-new thing, else are the testimonials which they give of little worth, and so is justified the public stricture on the profession quoted in the beginning.

A very good authority—Dr. James A. Russell—has stated, in a scientific publication, that of carbolic acid a solution "1 in 20 is the only one fit for use in disinfection," and Baxter's experiments went to show that "no virulent liquid can be considered disinfected by carbolic

acid unless it contain at least two per cent. by weight of the pure acid." Weak solutions may, however, have the very opposite effect to that desired, viz., the preservation, not destruction, of the disease germ, and in illustration of this, Dougall, of Glasgow, has demonstrated that "vaccine, mixed with carbolic acid (1 in 50), regained its effective power (temporarily in abeyance) after ten days' exposure to the air." Of the value of such combinations as permanganophenylene, Dr. Russell thus speaks—and I am inclined to think "a patient study and consulting the best known authors and chemical experts" will corroborate his views:—Carbolic acid "decomposes potassium permanganate, and therefore cannot be used in conjunction with this agent or with chlorine." "Permanganate of potassium," the same authority remarks, "is a true disinfectant, oxidising and destroying contagious as well as putrid matters; but the quantity required, and the price, render its use almost impossible, for enough permanganate has to be used to destroy the medium or vehicle bearing contagion as well as the contagion itself." Moreover, "permanganate has no effect in restraining the appearance of bacteria, or preventing the onset of putrefaction." I have an indistinct recollection of certain experiments made some years ago with permanganate of potash and the stools of enteric fever which went to show that for purposes of disinfection in such cases, nearly, if not quite, equal quantities of stool and this disinfectant, weight for weight, were necessary. Is it reasonable to suppose that permanganophenylene, at fifty cents a bottle, fulfils the requirements? These are statements which, doubtless, the experiments of those who have given testimonials to permanganophenylene will enable them to confute. If not, I fear the currency of their die has been stamped, doubtless through inadvertence and want of thought, upon a scientific (!) falsehood; and their certificates, in place of being regarded, by those whose opinions they will chiefly value, as reliable testimonials to the virtue of a meritorious preparation, will run the risk of being maliciously distorted by the uncharitable into evidences simply of their own ignorance of chemistry and the subject on which they wrote. Apart from the harm which is done to a

confiding public by the sense of security engendered by false reliance on the broken reeds of proprietary disinfectants in times of epidemic, there is a personal and professional aspect to the subject,—but the moral is already drawn. Would that it were true that “a word to the wise is sufficient.”

Yours,

“Without sin” in that respect.

Meetings of Medical Societies.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

At the regular meeting in September, Dr. Case, senior, presided.

Dr. Malloch exhibited a pathological specimen with the following history: He had performed abdominal section in a case of peritonitis with symptoms of obstruction of the bowels, and a history of previous attacks of colic. The colon was so much distended that it could not be returned. To relieve this distension, an opening was made with a scalpel of its own width simply, and the gas pressed out. This wound was then closed with interrupted sutures of the finest catgut. The patient only survived the operation forty-seven hours. At the autopsy, it was with great difficulty that the site of the wound could be found, for the union was so good. There were no signs of inflammation to be found and no adhesions were present about the wounded intestines.

The October meeting was presided over by Dr. White, the President.

Dr. McCargow showed the larynx of a man who was in the city hospital for but a short time. His history was as follows: He was twenty-eight years of age, had been working on the railway and caught cold. When admitted to the hospital was much emaciated; had a cold, enlarged glands, and unable to swallow. He was ill only six months. Family history was good; there was no record of either phthisis or syphilis. Post-mortem, as seen by the members, there was ulceration and partial destruction of the epiglottis. The lungs, which were unfortunately mislaid, were full of miliary tubercles. In the left apex there

was a cavity the size of an almond, and the lung was adherent. There was also softening in the right apex. The other organs were normal. Dr. A. Woolverton had seen the patient during his lifetime and noticed that he was specially anæmic, and had the characteristic appearance but not the physical signs, especially of tubercular trouble, but there was dulness of the left apex. Patient resembled more like one with typhoid fever with a slight cough. Dr. Mullin recollected a case in the hospital that was at first thought to be syphilitic laryngitis, as there was laryngeal trouble, and the patient was an old soldier. Dr. McCargow had seen suppurating kidney in similar cases.

Dr. White remembered a case taken for typhoid fever where miliary tubercles were found in the lungs and kidneys, but no suppurating cavities or foci.

Dr. McCargow then gave the history of two cases he had seen in practice of foreign bodies entering the larynx and being found in the right bronchus. The first case was that of an infant who was playing with some green coffee beans, and had some in its mouth; some one made the child cry, it was seized with an attack of coughing and strangling, and evidently from the history would likely have returns of the cough, and did. Acute bronchitis set in, tracheotomy was advised, but not permitted and the child died in two days. Post-mortem, three green coffee beans were found in the right bronchus. The second case, was that of a boy aged seven, who was running while holding a head of timothy in his mouth; he stumbled and the head disappeared; he was seized with a fit of strangling but rallied. A few days afterwards he was found to have pneumonia of the right apex, active treatment was used and the symptoms would yield and then exacerbations would occur. A cause was sought by Dr. McCargow such as an insect in the windpipe, but nothing of the sort was known of or remembered till suppuration took place and some seeds of timothy came away, the sputa being rigidly examined twice a day, then the mother remembered about the head of timothy which she had tried to remove at the time. A consultation was asked for, and the late Dr. Strange and Dr. Malloch went out to see the patient;

the morning they went to Caledonia (where Dr McCargow then was practising) the boy coughed up a foreign body, apparently the head of timothy. But as there were signs of a cavity and gurgling was to be heard, the prognosis was bad and there was not much improvement though he continued to pass seeds. Two weeks after the consultation, the body actually did come up, quite hard, divested of seeds and not macerated; it was two and a half inches long. The boy was carefully watched by his father, who, however, by mistake on one occasion gave him a dose of tinct. iodi. instead of tinct. opii.; the fetor was then relieved but not the cough, so the dose was increased; the mistake was discovered, but on the suggestion of Dr. McCargow the remedy was continued, and the boy recovered entirely.

Dr. Malloch referred to a case where a surgeon had operated in the dark and alone, and effectually, for the foreign body was loosened by the suppurative act and escaped through the opening in the larynx. Dr. Malloch himself had had two cases lately; in one a child had swallowed a piece of almond shell, but operation failed to discover it, bronchitis set in, and the child died. In the second case, the foreign body was not discovered either, but the patient recovered without inflammation setting in.

Dr. Rosebrugh related a case he had operated in. A lad of fourteen was attacked with suffocation every few minutes; the trachea was opened, during the operation he ceased breathing, and it was thought due to the chloroform, but probably was caused by the foreign body, a piece of glass three-quarters of an inch long, which was removed when the trachea was opened, in this case from the left bronchus; the boy recovered all right. He thought inversion often helped the operation.

Dr. Ryall related the case of a boy who had swallowed a piece of nut and afterwards had asthmatic attacks which lasted nine months, and ceased one day after coughing up blood and the piece of nut which was quite smooth.

Dr. Stark remembered a case where a pear-shaped glass ornament was swallowed and the breathing was interfered with, sometimes on the left, sometimes on the right. Tracheotomy was performed and the body was removed.

Dr. Mullin gave some further particulars with reference to Dr. Malloch's second case: The boy was whistling with a whistle made of two pieces of tin three-eighths of an inch square, tied together. Although never found, it had been heard before the operation, and there had been attacks of laryngeal spasm. Although the foreign body was never found, the boy has done well and the wound has healed.

Dr. McCargow called attention to the fact that when a foreign body is loose, there are always attacks of spasm.

Book Notices.

The Innervation of the Heart of the Terrapin. (Pseudemys Rergosa). By T. WESLEY MILLS, M.A., M.D.

This is a reprint from the *Journal of Anatomy and Physiology*, Vol. VI., Nos. 4 and 5, and gives the result of some careful scientific observations made in Prof. Newell Martin's laboratory at the Johns Hopkins University. Our old friend Dr. Mills is worthily emulating his eminent predecessor and teacher, Prof. Osler, in the field of science. We want more of such Canadians.

The Management of Labor and of the Lying-in-Period. By HENRY G. LANDIS, A.M., M.D., Professor of Obstetrics and Diseases of Women, Starling Medical College, Columbus; etc. Philadelphia: Lea Brothers & Co.

Having formed a high opinion of Dr. Landis from his work on "How to use the Forceps," we read this book with considerable interest, but at the same time with a certain feeling of disappointment. The manner of writing is pleasant, and the matter good; but, with the many excellent and complete treatises on obstetrics which are now available at such reasonable prices, we can see no reason for recommending such a work as this.

Poisons: Their Effects and Detection. A Manual for the use of Analytical Chemists and Experts. By ALEXANDER WYNTER BLYTH, M.R.C.S., F.O.S., etc.; Public Analyst for the County of Devon, and Medical Health Officer for St. Marylebone. New York: William Ward & Co.

This work is published in two volumes, form-

ing the June and July numbers of Wood's Library for this year. It is especially intended for the use of expert analysts, and will be found extremely valuable by them. It will also prove useful as a book of reference for all physicians. The *resumé* of the latest methods for identifying blood stains is very satisfactory. There is also added a list of the more common poisons, with directions for treatment, which are, however, too brief to be of any great value.

Acne: Its Etology, Pathology, and Treatment. BY L. DUNCAN BULKLEY, A.M., M.D. New York and London: G. P. Putnam's Sons.

One would think it scarcely possible that a work of 275 pages could be written upon the subject of Acne. When we consider, however, the frequency of the disease, and the unsatisfactory nature of its treatment in many cases, one is not surprised at the amount of attention paid to it by dermatologists. In this work the disease is treated in a most exhaustive manner, and a large amount of original work is shown. The author's reputation as a therapist is well borne out by the thorough way in which the various forms of treatment are given. We would recommend the book to all medical practitioners as one which will prove of great service to them in practice.

Diseases of the Tongue. By HENRY T. BUTLIN, F.R.C.S., Assistant-Surgeon and Demonstrator of Practical Surgery and Diseases of the Larynx, St. Bartholomew's Hospital; etc. Philadelphia: Lea Brothers & Co.

Mr. Butlin is well known as one of England's ablest Pathologists. While thoroughly scientific, he is at the same time eminently practical. During his connection with St. Bartholomew's he obtained a rich field of materials for this work; and he has certainly written a delightful book, and one which will be found extremely useful to general practitioners as well as surgeons.

He treats of injuries, inflammations, dyspeptic excoriations, ulcers, and other diseased conditions, together with tumors of all descriptions.

This work is one of the clinical manuals published by Cassell & Co., of London, and Lea, of Philadelphia, and the copy before us is in every way creditable to the American firm.

Epitome of Diseases of the Skin. By LOUIS A. DUBRING, M.D. Philadelphia: J. B. Lippincott Company.

During the last season Dr. Dubring delivered lectures (sixteen in number) before the graduating class of the University of Pennsylvania. They were reported in abstract form by Dr. Henry Wile for the *Medical News*. These reports have been collected and published in book form. This epitome ought to be of great use to students who have not time previous to their examination to read a larger work. Although the work is small, it contains a short description of all the known diseases of the skin. From the previous reputation of the distinguished author, one would conclude at once that even in a small book he would give a great deal of accurate information. We would advise all medical students to purchase the work.

On Renal and Urinary Affections. By W. HOWSHIP DICKINSON, M.D., F.R.C.P. London. (Miscellaneous affections of the kidneys and urine.) New York: William Wood & Co., 1885. Pp. 337.

This the August volume of Wood's Library, and completes Dr. Dickinson's exhaustive treatise on renal diseases and diabetes. Being issued in England early in the present year it is fully abreast with the times on all renal affections other than the various forms of Bright's disease, which are so ably treated of in Vol. I. issued in 1881. The American publishers have omitted numerous cases cited in detail in the English edition, so as to reduce the size of the work and render it uniform with the series. We regard Dr. Dickinson's works as the best that have been written on renal disease, and in the volume before us nothing appears to have been omitted or overlooked. Abscess, pyelitis-suppurative perinephritis, thrombosis and embolism, renal tumors, tubercle, hydro and pyonephrosis, cystic disease, renal calculi, misplacement or mobility, urinary paraplegia, parasites, diseases of ureters and large vessels, chyluria, hæmaturia and intermittent hæmaturia, suppression of urine, excess of earthy salts, and a valuable chapter on "Albuminuria, generally considered in relation to renal and other disorders," are the affections discussed in the twenty-four chapters. Sixty-three wood-cuts illustrate the work. The one hundred pages devoted to renal tumors and renal calculi are of themselves well worth the price of the volume.

Obituaries.

Dr. John L. Atlee, of Lancaster, Pennsylvania, died October 1st, in the eighty-sixth year of his age. He was widely known chiefly on account of his work in ovariectomy with his brother, the late Dr. Washington Atlee.

Dr. Richard McSherry, of Baltimore, died Oct. 7th. He was appointed Lecturer on the Principles and Practice of Medicine in the University of Maryland, in 1865. The *N. Y. Medical Journal* refers to him as a writer of considerable repute, and the author of several medical works.

Personal.

Dr. Fordyce Barker, who was recently ill, has recovered.

Prof. McCall Anderson recently paid a visit to this continent. He left New York for home Oct. 7th.

Dr. Buzzard will deliver the next Harveian lectures on "some forms of paralysis dependent on peripheral neuritis."

Drs. H. W. and W. H. B. Aikins have been appointed assistant demonstrators of Anatomy in Toronto School of Medicine.

Dr. George M. Sternberg, of the United States Army, has been elected an honorary member of the Royal Academy of Medicine, of Rome.

It is reported that Prof. Matthew Hay, of Edinburgh, has been elected Professor of Pharmacology in the Johns Hopkin's School of Medicine.

Dr. Pattullo, of Brampton, and Dr. McMahon, of Fergus, have moved to Toronto. Dr. Cochran, of the Hamilton Hospital, will settle in Toronto in November.

Births, Deaths and Marriages.

SWEETNAM-GOODERHAM.—On the 7th Oct., at the Central Methodist Church, Bloor Street, Toronto, by the Rev. Manly Benson, assisted by the Rev. John Potts, D.D., Leslie Matthew Sweetnam, M.B., eldest son of M. Sweetnam, Esq., P. O. Inspector, to Margaret Victoria, eldest daughter of C. H. Gooderham, Esq., all of this city.

Miscellaneous.

ALIENISTS.—A congress of Russian Alienists is to be held next February.

An assistant in the Halle Clinic was recently found dead in bed from an overdose of morphine, administered hypodermically.

ANIMAL LIGATURES.—Dr. Gross uses the following: Take 3i. of chromic acid-(oriptals) to 5v. of water; of this solution take one ounce and add to it five ounces of glycerine. In this latter steep the animal ligatures for ten days, then remove and thoroughly dry them. Now for preservation keep them in a five per cent. solution of carbolic acid.

"Fano," in the *Presse Medicale*, reports a patient who put a wineglass up his rectum, necessitating its withdrawal with instruments. The moral of these cases is that people should not use drinking utensils at the wrong end. Query—Will the Scott Act prevent such transpositions?

Dr. Braxton Hicks, in the *London Lancet*, Aug. 15th, 1885, says: "The fact is, it is impossible to give an opinion worth anything as to the uterine age of a child after eight, or even seven and a half months of pregnancy, either in respect of its size or development."

Life, a western newspaper, has discovered why it is that "uneasy lies the head that wears a crown." A newly-arrived chiropodist from the old country announces himself as corn-doctor to the Court of Germany, and tells us that he has removed corns from several crowned heads of Europe.

REMARKABLE SURGERY.—Prof. Bergmann had two cases simultaneously at his clinic, one a necrosis of the humerus, and the other an amputation of the femur. The necrosis of the humerus called for extensive removal of dead bone, which Bergmann supplanted by a large piece from the amputated femoral bone. Perfect success attended this certainly unique procedure.—*Therapeutic Gazette*.

A woman having broken a glass pessary in the vagina, and a severe vaginitis having been set up by the fragments comminuted by the efforts at removal, Dr. Lewis threw into the vagina, by means of a syringe, a mixture of plaster-of-Paris, and after two or three days removed the mass, the solidified mixture having fixed in it the various pieces of glass.—*Coll. and Clin. Record.*

TWO REMARKABLE CASES.—The *Denver Medical Times* reports two cases, one of perityphlitis, in the history of which it is reported:—"Aug. 3rd. Patient keeps up his strength very well and has no temperature." On the next page, in the history of a case of "Epithelioma of Rectum," the following extraordinary proceeding is noted:—"Aug. 9th. He passes his bowels unconsciously."

The Rumford Chemical Works, Providence, R. I., manufacturers of Prof. Horsford's Acid Phosphate, have recently purchased a commodious building and warehouse near their present location, where they propose to move their business a few months hence. This purchase has been necessitated by the demands of their large and increasing business, and it is pleasant to record such an evidence of well deserved success and prosperity.

SINGULAR ABSENCE OF ADIPOSE MATTER.—Dr. Weir Mitchell reports a case in *American Journal Medical Science*, of a school girl, aged twelve, who began to emaciate after a severe cold lasting three months. This was confined to the upper half of the body—head, neck, arms, and chest. The muscles are normal in the affected parts; the grasp good. Abdomen, buttocks, and legs plump, and present all the appearances of belonging to a well-nourished child.

EMBALMING PROCESS OF M. SAUTER.—Three or four litres of the following solution are first injected: R Carboic acid, 1 part; glycerine, 10 parts; alcohol, 5 parts; water, 40 parts. This is followed by another abundant injection of a solution of one in three of chloride of zinc in water tinted with fuschine, or with a solution of sulphate of aluminum colored with

cochineal. The surface of the body is coated with vaseline, or a carbolated sandarac varnish. The cavities are filled with sublimated cotton, or tow dipped in carbolated glycerine, 5 per ct.—*L'Union Médicale.* R. Z.

PERSONAL EXPERIENCE OF A PHYSICIAN.—BEEF PEPTONIDS.—YARMOUTH, Nova Scotia, Sept. 3, '85.—For the first three months of current year I was prostrated with gastric trouble, and for seven days, during latter part of third month, found it impossible to retain food upon the stomach. In this exigency Pepsin of various leading brands, as also bismuth (in powder and solution), oxalate of cerium, and ingluvin, were successively tried with no beneficial result. So obstinate and pertinacious indeed was the attack of emesis that indications pointed strongly to fatal result through inanition. At this juncture "Beef Peptonoids" was suggested by Mr. O. C. Richards, a local druggist, as worthy of trial, and was taken up as a *dernier ressort*. Notwithstanding the fact that this preparation is continuously advertised in the medical journals, I had never tested it in my practice, and was hopeless of profit from its use after having failed with all the generally accepted remedies. The result, however, was so markedly beneficial, and the preparation so quick in action, that though ordinarily strongly averse to giving certificate or testimonial, I feel bound to place my personal experience on record.

The first day's use of the Beef Peptonoids gave notable relief and accession of strength on the second day the vomiting was materially reduced, with steady improvement until the fifth day, when this distressing feature was entirely eliminated from my case. Convalescence was rapid under continuance of this treatment.

I need hardly add that the preparation holds high place in my esteem. I have prescribed it in many critical cases, and have no hesitation in testifying to its extraordinary recuperative properties. In dyspepsia I have found it a most valuable agent; as a nutrient after childbirth it has done excellent work in my practice—materially increasing the quality and flow of milk,—and indeed, in all asthenic conditions I have proved it to be a constructive of rare merit.

GEORGE BELL, M.D.

FEB 2 1914

P
Med
e

Vol 10 #12

353

THE
Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS AND PROPRIETORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England. | J. E. GRAHAM, M.D., L.R.C.P. London.
W. H. B. AIKINS, M.D., L.R.C.P. London.

SUBSCRIPTION, \$3 PER ANNUM.

Literary Communications may be addressed to any of the Editors. All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 68 Gerrard Street East.

TORONTO, DECEMBER, 1885.

Original Communications.

A STUDY OF THE MICROSCOPICAL APPEARANCES OF CYSTIC DEGENERATION OF THE CERVIX UTERI.*

BY W. P. MANTON, M.D. (HARV.), F.R.M.S., DETROIT.

Reported for the CANADIAN PRACTITIONER.

I wish to call the attention of the Society to-night to the pathological changes produced by cystic degeneration of the cervix uteri. In order to thoroughly comprehend these, however, it will be necessary to briefly review the normal histology of the cervical glands.

These glands, as you are well aware, are in form both saccular and tubular, and so very numerous that Tyler Smith—who was one of the first, I believe, to describe them with any accuracy—was able to count upwards of 500 in a portion of the cervix comprising only three rugæ and their interspaces. From this, he estimates that in a well-developed virgin cervix uteri, there must be at least 10,000 of these glands. The secretion from these tubules is a clear, viscid, alkaline, glassy mucus, coagulable in alcohol,—which is ordinarily produced in small amounts, but, under stimulation, as in disease, may be poured out in large quantities. The lining epithelium of the glands is cylindrical, which, as Wyder† has pointed out, just before the age of puberty acquires ciliæ. The

epithelium is said to rest upon a structureless membrane, which is so intimately connected with the subjacent tissue that it cannot be separated. This latter consists largely of fibrous elements, and is consequently firm and compact, so that the general appearance of the cervical mucosa is whiter and thicker than that of the uterine body. Into the lumen of nearly all of the larger glands, one or more minute, papilla-like bodies may be seen projecting; thus often giving the glands a branched appearance. A fine capillary loop may be traced into many of these papillæ.

If we now turn to the condition under consideration, we shall find that the histological appearance of the glands and surrounding tissue is quite changed. At first, when the cysts are quite small, they retain the normal characteristics of the glands, which appear only dilated. As the process of dilation goes on, however, it is found that the ciliæ disappear, the cylindrical epithelium becomes broken, irregular, and sometimes granular in appearance, and is finally replaced by a layer of polymorphous cells. This irregular polymorphous layer gradually becomes disintegrated and replaced by granular material, which is evidently the debris of the cells. In places, even this latter may be removed, and nothing left but the basement membrane or an irregular, ragged surface.

The subjacent tissue also becomes changed; and, instead of appearing firm and compact, as in the normal, it is very open and net-like, with scattered large and small round cells, often

* Read before the Detroit Obstetrical and Gynecological Society, November 4th, 1885.

† *Arch. f. Gynakologie*, Vol. xiii., 1878, p. 13.

filling the mesh-spaces. The cervical mucosa appears much thinner in parts; the blood-vessels are engorged, and there are evidences of inflammatory action.

While these changes have been going on in the epithelium, etc., the glands—normally 0.5,—1 micro-millimetres long, by 40-80 micro-millimetres wide*—have dilated to many times their normal diameter, so that they may appear on the surface as minute vesicles, varying in size from a pin's head to that of a millet seed. This has led to the terms, *acne* and *herpes*, of the German and French authors. The feel of these little cyst to the examining fingers has been likened by Mundé to "shot buried under the mucous membrane."

When a number of these hyper-distended glands rupture, a raw, red-looking spot is seen—a so-called ulcerated patch. These "ulcerations" have always been supposed to be due to loss of epithelium; but Ruge and Veit maintain that this view is incorrect, as "the surface is covered with a single layer of epithelium. The cells are smaller than those which line the normal cervical canal, and being narrow and long have a palisade-like arrangement. The thin layer of cells allows the subjacent vascular tissue to shine through, hence the redness of color."†

From my own observations I cannot wholly corroborate this. Distension of the gland is not the only process at work, for there is, as I have just shown, an absolute degeneration—caused, perhaps, by the pressure within and the inflammation without—of the epithelial lining of the cyst, which, in the later stages, leads to almost, if not complete destruction. Such a cyst rupturing would present a spot devoid of epithelium. As Ruge and Veit further state that they have only seen this appearance in preparations which have been taken from the cadaver, and have remained in weak spirits for a long time, I thought the conditions which I had observed, particularly the loss of epithelium, might be due to post-mortem changes, as all the specimens which

I have as yet examined have been taken from the dead body.

Since preparing this paper, however, I have come across an article by Fischel, of Prag, who states that he finds on comparing specimens taken from the living subject with those from the cadaver, that "the post-mortem changes do not essentially alter the histological appearance of the erosion."* We may, therefore, safely assume as correct the observations recorded above.

The great importance of recognizing this condition of cystic degeneration, when present, and removing it by proper treatment before attempting trachelorrhaphy, or any like operation upon the cervix uteri, becomes at once apparent. With the surfaces of the wound filled with this unhealthy, rapidly-secreting gland structure, it cannot be expected that healing by first-intention will or can result. And even in cases where no operation is contemplated, the demolishing of these cysts affords the patient much relief; for they are a constant source of irritation, and help to keep up the congestion of the parts by pressure upon the adjacent tissues and blood-vessels.

I am of the opinion, too, that these cysts, from the extreme irritation just mentioned, which they are capable of causing, may enter largely into the aetiology of cervical cancer.

83 Lafayette Ave.

THERAPEUTIC NOTES.

BY W. H. MONTAGUE, M.D., L.R.C.P. EDIN., DUNN-VILLE, ONT.

CONJUNCTIVITIS.

In conjunctivitis, nothing gives such speedy relief as a 4 per cent. solution of the muriate of cocaine dropped into the painful eye. The writer has used it in a large number of cases, and has always been delighted with its action.

When the conjunctiva is exceedingly painful and tender to light, the cocaine acts like magic, the sufferer experiencing almost immediate relief. The pain ceases, the eye may be opened without any pain from exposure, and the injection is greatly lessened. In many cases the trouble

* Kölliker, *Gewebelehre*, Leipsic, 1861, p. 562.

† Hart and Barbour, *Manual of Gynecology*. Second Edition, 1883, p. 278.

* *Arch. f. Gynak.*, 1880. Bd. xv., p. 76.

ends after two or three applications of the solution. In other cases it is necessary to follow up with an astringent collyrium to which is added morphinæ sulph. It is best to advise the patient that in an hour or so the power of accommodation may be slightly affected, in order that the dilatation of the pupil may cause no alarm.

If there were no other use to which cocaine could be put, I would, even at its present extravagant price, feel myself compelled to keep a solution on my table. The preparation I am now using is that of McKesson & Robins, and I secure it in the United States at 15 cents per grain.

PRURITUS VULVÆ.

The same remedy works most admirably in this troublesome affection. For three months this summer I had under treatment a young woman, who was carrying her first child. The suffering which she experienced from the pruritus was almost unbearable. After trying faithfully the various powders, ointments, and washes, whose use is spoken highly of, I hit upon a recommendation to use cocaine.

The 4 per cent. solution greatly ameliorated the symptoms, and the 10 per cent. solution completely removed them. I applied it in all three times, and left a small quantity with my patient, with directions to apply it if the itching returned. I delivered her on October 6th, at which time she stated to me that she had found necessity to use the application but twice, and that at intervals of over three weeks. In two other cases I have found the remedy to be of equal value.

It will certainly be of great service when the remedies usually applied are found to have no effect.

PRURITUS ANI.

In three cases of pruritus ani, or itching piles of long standing, I found cocaine to be of service. The parts should be thoroughly washed with Castile soap and water, and dried with a coarse flesh towel, after which the cocaine, in 4 per cent. solution, may be applied with a fine hair pencil.

Frequent applications are necessary, the effect being not nearly so protracted here as in pruritus vulvæ.

A NEW DIURETIC.

Caffeine, given in doses of three or four grains every three hours, I have found to be a valuable stimulating diuretic. In one case of which I have notes it increased the secretion more than double in 24 hours, and greatly lessened the specific gravity of the urine. In appearance and taste the caffeine might be easily mistaken for quinine; but the crystals are longer and the bitter taste less persistent in the mouth. Before using it should be triturated in a mortar, and I have found its taste masked well by the following combination:

R Caffeine gr. iii.

Pulv. zinziberis..... gr. iii.

Sach. alb gr. ii.

M. Sig.—One every three hours.

Like many other of the remedies advised for asthma, I have found caffeine entirely valueless in the disease.

IVY POISONING.

The dermatitis resulting from the juice of the *rhus toxicodendron* is rather a common affection in this district. I find some remarkably susceptible. One farmer, who has consulted me four or five times, declares that he has in no single instance handled it or come in contact with it. He believes that the wind blowing from the vine upon him when he is sweating affects him, and I am confident that he is right.

Not too stimulating applications should be used. Sodæ bicarb., in strong solution, has a beneficial effect. Bromine is lauded as a specific, but opening the bottle is not unlikely to cause a funeral in the druggist's family.

Weak solutions of the acetate of lead, or of the sulphates of zinc or copper, may also be tried. I have in a large number of cases used the following formula, taken from the *Canadian Journal of Medical Science* three years ago. I find it to be very effective.

R Fl. ext. gelsem. semp..... ʒii.

Acid, carbolic ʒss.

Glycerine..... ʒss.

Aquam ad ʒiv.

M. Sig.—Moisten a cloth and apply.

Lately I have been using almost entirely the following formula, advised by Duhring in the latest edition of his work on Dermatology:—

R. Fl. ext. grind. robustae ℥ii.
 Aquam ad ℥viii.
 M. Apply frequently with a cloth.

The inflamed parts should be bathed twice or thrice during the day with water and Castile soap, and the bowels should be opened freely for a couple of mornings with Epsom salts or seidlitz powders—preferably, I think, the former.

PEMPHIGUS VULGARIS.

I have found this a most troublesome disease, resisting treatment stubbornly and exercising a marked depression upon the vital powers of its little victims. With the most careful and painstaking treatment, we will not seldom be disappointed in seeing the eruption spreading until a large portion of the body is affected with the disease in some stage or other. I do not think there should be any difference of opinion with regard to the value of arsenic in this disease. The cases I have had lead me to think very highly of its use, although I cannot agree with Morris when he declares arsenic to be as valuable in pemphigus as quinine is in ague. The external treatment I believe to be important. The blebs should be opened while they are yet very small and their contents evacuated, care being taken that the little patch of raised cuticle is not detached. Frequent gentle washing with Castile soap should also be practised. For local application I use the following ointment:—

R Ungt. picis liq ℥ss.
 Vasin ad ℥i. M.

I firmly believe that this has an influence in preventing the spread of the disease. It is of the greatest importance that the depression should be controlled by a liberal diet and stimulants if necessary. The spots of discoloration disappear rather slowly.

RUSSIAN MEDICAL STUDENTS.—It is stated that medical schools in Russia are becoming so crowded that systematic efforts are being made to diminish the number of applicants by imposing certain restrictions, one of which is to allow only those who have received an education at a gymnasium.

REPORTS OF CASES.

BY DR. CAMPBELL, SEAFORTH.

The following cases were reported at a late meeting of the Huron Medical Association held in Clinton. They were reported as ordinary cases with which the active country practitioner has frequently to contend—therefore the reports would be of more use than those of rare cases which he might never meet with in a lifetime. The papers were very well received by and favorably commented on by the members of the Association.

CASE I., *Apoplexy*.—Diagnosis—Hemorrhage left side; complete insensibility; paralysis of right side. Death the fifth day. No autopsy. History—Mrs. H. McK., aged 77; a native of Scotland; a fat, heavy woman, with short neck and full face; was found lying on the floor of her bedroom at eight o'clock on the morning of the 25th September. She was lifted into bed by her daughter and daughter-in-law. She remained insensible, breathing hard, and when her two sons returned late in the evening they became alarmed and drove to my office. They thought that she had fallen accidentally and injured her head. I told them that, in my opinion, they were putting the effect for the cause and the cause for the effect; that it was a case of apoplexy caused by the bursting of a blood-vessel on the brain, but would know better when I examined her. Reached the patient by midnight, sixteen hours after the attack. Found the right side completely paralyzed, with the reflexes abolished, both pupils contracted, the patient insensible, speechless and unable to protrude her tongue. The urine was passed involuntary. The temperature was 102°, the pulse 90; the face was slightly flushed, her breathing somewhat stertorous and there was some puffing of the cheeks. The left side was natural, and retained full motor power with the reflexes intact. Had no croton oil or I would have given her a dose, but instead, gave a good dose of calomel mixed with fresh butter, pushing it well back on the tongue; gave an enema which, however, came right back, the bowel evidently being paralyzed. Put mustard to the soles of the feet, calves of the leg and nape of the neck; drew off the water and told

them to keep her quiet with head and shoulders raised, and ordered cold cloths to the head, and left. They were told to give her water and milk as frequently as she was able to swallow (which she did with difficulty). Saw her next day and found her about the same, only the pulse was more rapid. Put two drops of ol. crotonis in castor oil upon her tongue and gave another enema, which came back as before. Passed a catheter, but found only two tablespoonfuls of urine in the bladder. It seemed to be passed involuntary, as it was secreted. She continued from this time to swallow with difficulty. Told them that the case would end fatally, and that if they wished another medical man to see her they were at liberty to call one in. They chose Dr. Elliot, of Brucefield, who saw her the same evening, and drove to my office to report. He agreed with me as to the cause of the trouble and the gravity of the prognosis. He recommended feeding with a tube, which at my next visit I offered to carry out, but the friends objected, and as she was swallowing a cupful and a half of milk in the twenty-four hours I did not insist. Saw her again on the 29th and found the coma more pronounced, the pulse 120, weak and intermittent, with snoring respiration and puffing of the cheeks. She had a good motion of the bowels, the urine came away as secreted, pupils both contracted as before, the paralysis of the right side still more pronounced, bed-sores breaking out, evidently from the low state of vitality, on the paralyzed side. She used the left hand freely to remove flies from her face, and pulled up the left leg when tickled on the sole of the foot. Told them that it was a hopeless case and that she might die before my next visit. Was of opinion that there had been increased hemorrhage into the left side of the brain. Was on my way out next morning (the 30th) when we met the sons coming for the coffin. She died early on the morning of the fifth day.

Remarks.—No post-mortem was allowed, therefore we were unable to verify our diagnosis, but were thoroughly convinced as to the correctness of our previous diagnosis as to hemorrhage into some part of the brain on the left side. The arcus senilis was well marked and the arteries at the wrist were of an ather-

omatous character, which, taken with the symptoms already described and the age of the patient, all pointed to hemorrhage as the cause of the apoplectic state in which we found the old woman. The fatal result also went to corroborate our diagnosis. It is unfortunate that we seldom can procure an autopsy in those interesting cases in the country. It is here that medical men in the city, and especially those connected with hospitals, have a decided advantage.

CASE II., *Carbuncle or Anthrax*.—Death from blood-poisoning. F. L. R., aged 70; a native of England; had been a pretty hard drinker in his earlier days, but had been more temperate in his later years. He was of a gouty diathesis and had a broken-down constitution. He had trembling hands, flabby muscles and an aged appearance. He was attacked with a carbuncle on the back of the chest between the shoulders. Saw him on the 29th of September, eight days from the commencement of the attack. Found him going round and even able to go out of doors. The carbuncle was as large as the mouth of a soup-plate and very tense. Made the usual orthodox crucial incision to relieve the extreme tension. There was no hemorrhage of any consequence. Used iodoform dressings and ordered linseed poultices. Put him upon good doses of quinine, milk, beef tea, and a moderate amount of brandy or whiskey, with opium at night to procure rest and allay irritation. Told him to go about and take fresh air as long as he felt able. Was sent for again on October 3rd and found him in bed and much weaker. The temperature, which was very little above the normal at my first visit, was now 104°, with a pulse of 120, weak and inclined to intermit. He wandered occasionally in his mind. Ordered more stimulants, and at shorter intervals, with quin. sulph. gr. x every three hours.

October 4.—Visited him again and found him still weaker, and passing feces and urine involuntarily; wandering more than ever in his mind. Told the friends that he could not recover.

October 6.—Visited him this evening about six o'clock and found him completely insensible and unable to help himself in the least. Pulse

140, and intermittent. Temperature normal, extremities turning cold; phlegm collecting in the bronchial tubes and throat; sinking fast. He died at nine o'clock same night.

Remarks.—The chances were against this patient from the first, on account of his age and gouty diathesis, taken in connection with his previous intemperate habits. It was the largest carbuncle I had ever seen, and pyemic poisoning set in, to which his weakened constitution had to succumb. Might try the caustic treatment on a similar case by way of a change. The constitutional treatment could hardly be improved upon. Quinine, opium, fresh air, cleanliness, good nourishing diet in the liquid form and stimulants in accordance with his previous habits. Pyæmia and exhaustion are the usual causes of death. Both causes contributed to the fatal result in this case; the pyæmia being the principal cause of the exhaustion. The immense size of the carbuncle was also an important factor in the case, and no doubt contributed largely to the fatal result.

Selections.

OERTEL'S TREATMENT OF DISORDERS OF THE CIRCULATION.

Within the last year a medical work has appeared in Germany, which has met with such a demand from both the profession and the laity, that a second edition has been issued. The work is of interest to the public mainly, we presume, because it sets forth the author's method of reducing superfluous fat; to the medical man because of its original, and as it would seem, highly effective treatment of disorders of the circulatory and respiratory apparatus. So far as we are able to ascertain, the work has not yet appeared in this country either in the original or in translation. However, the *Berliner klinische Wochenschrift*, No. 33, 1885, contains a digest of its salient points, and, for the sake of our readers, we propose to recapitulate a few of its main features.

The work in question is by M. T. Oertel, of Munich, and is entitled "*Therapie der Kreislaufstörungen, Kraftabnahme des Herzmuskels, Ungenügender Compensationen bei Herz-*

fehlern, Fettherz und Fettsucht, Veränderungen im Lungenkreislauf, etc." The object to be gained by the author's therapeutic measures is the removal or amelioration of the various symptoms which depend primarily upon disorders of the circulatory and respiratory organs, such as cardiac debility, fatty heart, general obesity, valvular disease of the left side of the heart, and impediment from any cause to the pulmonary circulation. These symptoms, such as dyspnoea, sweating, scanty urination with albuminuria, cardiac palpitations with a sense of oppression, hæmorrhagic spots upon the extremities, œdemata, etc., result directly from loss of the normal equilibrium of the circulating fluids; that is, venous plethora on the one hand, and arterial depletion on the other. Death results, in such cases, when not from apoplexy or intercurrent affections, either from secondary disease of the kidneys and dropsy, or from cardiac paralysis. This last, again, is the consequence of organic lesions, fatty infiltration or degeneration, atrophy, etc.; or, if the cardiac muscle be healthy, it is the result of exhaustion of the heart or of paralysis of its nerve-apparatus from overdistension of its cavities with blood.

An opportunity was given Dr. Oertel to test his skill in the person of a physician who had been humpbacked since childhood. Of late the embarrassment to the circulation and respiration, occasioned by the deformity, had greatly increased, in consequence, the author thinks, of corpulence and the habit recently formed of taking about seven times as much liquid into his system as had been his wont. This additional burden the already hypertrophied heart was unable to sustain, and dangerous symptoms followed. The indication then was to reduce the bulk of fluid in the system as well as the superfluous fat. Blood-letting was inadmissible, since it would result in hydræmia; and as the kidneys were in a state of chronic hyperæmia, the water had to be eliminated by the skin and lungs. Accordingly, careful experiments were instituted to ascertain the most effective mode of accomplishing this. Accurate measurements showed that the greatest amount of water was eliminated, first, during mountain climbing; secondly, though not con-

stantly, after hypodermic injections of pilocarpine; thirdly, by hot-air baths, and lastly, by steam baths. In this way a man of 165 pounds in weight could be made to lose from a tenth to a fifth of the entire weight of his bodily fluids. At the same time, of course, a minimum supply of liquid nourishment should be injected, care being exercised that the urine voided be sufficient in quantity to hold its solid ingredients in solution.

A second indication was to get rid of superfluous fat. This was to be attained by appropriate diet and mode of life. In attempts of this kind, the author lays down the principle that care must be exercised to determine whether or not the heart be fatty, since upon its condition must depend the dietary. If the heart be sound, Oertel restricts the daily allowance of food to at least 156 grammes of albumen, 43 of fat, and 114 of hydrocarbons. If, owing to sluggish pulmonary circulation, from any cause, the oxygenation of the blood is inadequate to the consumption of the amount of these carbohydrates, they must be cut down to about twenty-five grammes of fat, and seventy of the sugar and starches, while the albumen is increased to 170 grammes *per diem*. In order to facilitate the digestion of so large a quantity of albuminous food, by keeping the digestive fluids as concentrated as possible, he allows no liquid to be taken with the meal, and not until an hour and a half subsequently. Furthermore, he found by experiment, that where restricted diet is inadmissible, the fat of the body can be reduced by the amount of water injected. The effect, he thinks, is to invigorate and accelerate the circulation, and to cause the obliteration of vessels supplying the adipose tissue, its nutrition being thus abolished, and its element absorbed. By a series of careful experiments he ascertained the comparative amounts of urine voided and water consumed, and found that, even if the latter be very limited, the former is largely in excess. Contrary to other experimenters, he also ascertained that the white of eggs, eaten in large quantities, does not appear in the urine. Next he tried the effect of mountain climbing in restoring the equilibrium between the venous and arterial systems, believing

venous stasis would be overcome by muscular contractions and the increased suction force of the thoracic viscera on the one hand, while on the other, the pulmonary circuit would be more completely emptied, and the arterial system better filled.

By means of Von Basch's sphygmomanometer, Sommerbrodt's sphygmograph, and two self-registering thermometers, one in the mouth, the other in the axilla, he discovered that in mountain climbing the blood-pressure is at first augmented; soon followed by diminution of the arterial tension and dilatation of the vessels, which effect is perceptible as late as the following day. Owing to the muscular activity, the generation and elimination of bodily heat are increased, thus favoring a more active tissue metamorphosis. The depletion of the venous system is furthermore promoted by the excessive elimination of water by skin and lungs. Observations upon thirty-five perfectly healthy individuals showed but in one instance, under the effect of climbing, traces of serum-albumen, and in two, traces of hemi-albumen in the urine. The effect of preëxisting albuminuria was not noted. Oertel is of the theoretic opinion that climbing would exert a beneficial influence upon a heart which, although weak, yet possesses no serious organic disease or degeneration of its muscular elements. In such a case as that of the physician already cited, such vigorous exertion might be hazardous, and experience alone could determine the result. He thinks the effect ought to be to develop an advantageous hypertrophy through the augmented force of its contractions, just as exercise develops any other muscle.

The plan of treatment, the principles of which we have necessarily so briefly stated, was tried upon the physician with brilliant results. By methodical and gradually increased mountain climbing, appropriate diet and lessened ingestion of liquids, the venous stasis was relieved, the pulse became full, slow and regular, and the respiration deep and easy. The heart was evidently reinvigorated. The corpulence was lost entirely, but the albuminuria did not wholly disappear until after three years, and the last vestige of dropsy not until the treatment had been followed for more than

two years. In all, Oertel has treated fifty-one cases of disordered circulation after this fashion.

This mode of treatment is one that recommends itself to careful attention, if for no other reason, because it does away with the deleterious effects of the prolonged employment of internal remedies which are but too often powerless. It is therefore highly rational, and the patient and physician alike should be consoled for the length of time necessary for this system of therapeutics by the reflection that a chronic disease requires chronic treatment.—*Journal of American Medical Association.*

REMOVAL OF THE OVARIES ON ACCOUNT OF UTERINE TUMORS.

The operation which is generally known as Battey's, consists in the removal of the healthy or only slightly diseased ovaries, to produce a premature menopause. Various indications have been given for this operation, and the number of cases in which it has been performed increases almost daily. By this constantly enlarging experience the value of the operation will be determined, and the cases to which it is legitimately applicable will be decided.

Apart from any danger in the operation, it must always be regarded as a very grave act to remove a woman's ovaries while she is still in the reproductive period of life. Notwithstanding the statements of some writers as to the persistence of sexual desire and pleasure in woman whose ovaries have been taken away, this is not the chief point; if woman were created simply as the minister of lust, to receive and give sexual pleasure, there would be great strength in the argument. But she was made to be a mother, to bear a most important part in the continuance and in the increase of the race, and if her ovaries are removed, this chief end of her existence is at once and forever gone. Just as the late Dr. Gross stated as to making an artificial vagina when the uterus is absent—an operation which he unqualifiedly condemned—you do not by the operation fit a woman to be wife, but to be a prostitute. So in ablation of the ovaries a woman is denied wife's true crown, maternity, and may be degraded to a prostitute's condition. We must think that

the argument as to the continuance of her sexual gratification, used by some of the advocates of the operation, is an appeal to the lower elements of human nature, and may be cast aside. Questions relating to this gratification are rarely proper or necessary topics for professional conversation, and we imagine many women would shrink from answering them, if not actually resenting their presentation.

Still further, we believe that an unmarried girl who has had her ovaries removed has no right to enter marriage—her necessary sterility debars her from it, and this she ought to be told before her consent to the operation is given.

But that the ovaries may and ought to be removed for certain diseases cannot be doubted. The interests of the individual become paramount, and those of the race are given no weight; her life must be saved, even at the sacrifice of all possibility of her having offspring. Now it is in the discrimination as to these cases that not only scientific knowledge and professional experience, but also ethical considerations enter: the removal of the normal ovaries is always a question in morals, as well as in medicine, and cannot be evaded in either relation without evil results.

One of the applications of Battey's operation has been considered at some length by Dr. Notta in a recent number of *L'Union Médicale*. It concerns hemorrhagic fibro-myomata of the uterus. Notta goes so far as to suggest that it is probable these growths give the sole indication for the operation. His views are in direct opposition to those expressed by Dr. E. Schwartz, in the recently issued thirty-seventh volume of the *Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques*. The latter states:

"Notwithstanding some successes from this intervention, we think it should not be resorted to unless ablation of the uterus is absolutely impracticable and medical treatment insufficient, for when one makes a patient run the risk of laparotomy, it is necessary at least to give her decided chances of cure; now hysterectomy appears in this connection the sole rational operation, and if in some cases Hegar's operation has acted favorably, more frequently still it has not attained its end."

Of course removal of the ovaries, or of the

uterus, ought not to be done until medical means have been ineffectually tried, but certainly the latter operation carries greater risk to life than does the former, whether called by the name of Battey, or of Hegar, and therefore should be rejected if anything like as good results can be secured by the other.

Notta gives the following conditions as indicating removal of the ovaries: The uterine tumor of mean, especially of small size, and directly inaccessible, causing incoercible metrorrhagia, which places the patient's life in danger, she being still young, and medical means for the cure of the hemorrhage having failed.

He quotes from a recent thesis of Tissier which includes 171 cases of castration in women suffering from uterine fibro-myomata, to the effect that there were 25 deaths, or a mortality of 14.16 per cent. In 135 of the remaining 146 the desired end was attained; that is, the uterine hemorrhage ceased, and the menopause occurred.

These statistics probably present the operation in its most favorable light, but even those of Wiedow do not justify resort to it unless other methods of treatment have failed. It sometimes happens that a tumor which has caused grave hemorrhages, becomes pedunculated in the uterine cavity, and its removal through the vagina can be done with little risk, and the integrity of the woman's sexual organs is kept. Patient waiting, palliation, and temporizing are required; the result is more slowly attained, a brilliant successful laparotomy is not proclaimed in societies and journals, but the ultimate condition of the patient is every way preferable, for she has undergone no mutilation, and the possibility of maternity remains to her. On the other hand, the tumor may become pedunculated in the peritoneal cavity, the hemorrhage ceasing with this change in position of the growth.

We are persuaded that in some cases of uterine fibroids causing metrorrhagia, a masterly inactivity, so far as surgical means are concerned, or simply an armed expectation, is the wiser plan. If one knows how to arm himself with patience, and to inspire the sufferer with confidence, he may find that the great majority of his cases of uterine fibroids will get on well without surgical treatment. Thorborn regarded 10 per cent. as a most liberal estimate of those cases that require the aid of the operating surgeon.—*Med. News.*

TREATMENT OF DIABETES MELLITUS WITH CLEMENT'S SOLUTION OF ARSENITE OF BROMINE.

BY S. MACSMITH, M.D.

John S., aged 32 years, was admitted to the Germantown Hospital October 28, 1884, a pronounced case of diabetes mellitus; was sick six weeks previous to being admitted, at which time his domestic relations were such as to produce profound mental anxiety, which caused him to be delusive for several weeks, and when he applied for admission his spirits still remained much depressed, but he was rational and conversed intelligently; it should also be stated that there was possibly a hereditary predisposition to this disease, as the patient claimed his father suffered from a similar affection.

The patient's urine was examined and found to have a sp. gr. of 1.050, the amount voided in twenty-four hours being one hundred and three ounces, which readily responded to the several tests for sugar; the amount of sugar was not ascertained, but, as the urine contained very little urea, the high sp. gr. indicates a rather large percentage of sugar.

The patient was restricted to a nitrogenous diet, and placed on the several modes of treatment familiar to the profession, but without much, if any, improvement; his urine was frequently examined between October and the following April, and showed the sp. gr. to range from 1.040 to 1.050, the amount voided from eighty-five to one hundred ounces; he also became very much emaciated.

Some time in April we noticed, recommended by Dr. Austin Flint, jr., the arsenite of bromine, "Clement's solution," for the treatment of diabetes mellitus, and as all other agents had proven of no avail, we concluded to give this solution a trial, and report the following results: The drug was first administered in doses of three drops each ter in diem, increasing to five drops. After giving this solution for four days the urine was examined and found to have a sp. gr. of 1.018; amount voided in twenty-four hours, forty-two ounces; three days later the urine was again examined, sp. gr. 1.016, amount voided twenty three ounces, in which condition it remained until the patient's death, of which

a post-mortem showed the immediate cause to be phthisis pulmonalis.

Being encouraged by the above results, and rather predicting that something might be done for such unfortunate cases, we concluded to investigate still further the efficiency of this preparation, and therefore have, up to this present writing, seen nine cases treated in the manner above related with most happy results. Two of these cases were, as the one cited, quite chronic and subsequently died of phthisis pulmonalis, but the remaining seven of more recent development have increased in weight and assumed the responsibilities of life as in former years, and their urine is frequently examined with negative results; perhaps it would be presuming somewhat if we were to speak of these cases as being cured, for they may not have been under our notice long enough, but we can certainly join with Dr. Flint in recommending this preparation for trial at least, and possibly predict for it as being the future treatment of diabetes mellitus.—*Phila. Med. News.*

LAWSON TAIT AND KEITH.

Dr. Dudley, of Chicago, thus describes a visit to Birmingham and Edinburgh:—

Dr. Dudley visited Birmingham, in response to a polite telegraphic invitation from Mr. Lawson Tait. On the train he occupied the same compartment with a sleek, well-fed, high-church London clergyman of the most conservative order, who intimated in no uncertain manner that the conservative people of London looked down upon the inhabitants of the radical city of Birmingham as a semi-barbarous community. So decided were the denunciations of the radical party in general and of Birmingham in particular, which as the chief stronghold of radicalism, always returns John Bright and Chamberlain to Parliament, that Dr. Dudley, in an apologetic manner, explained that he was only going into the jaws of the Philistine to witness an operation by a distinguished surgeon, from whom he hoped to learn something. The clergyman inquired who the surgeon was, and upon hearing the name of Lawson Tait, exclaimed: "O I know all about him; he is just

as bad as any of them;" which means that Mr. Tait is a radical in politics, as he is in surgery.

Mr. Tait's ridicule of antiseptics is well known. His rapid method of operating conveys to the casual observer the idea of haste and almost of carelessness. But closer observation very soon shows him to be one of those rare operators, where dexterity amounts almost to a sleight of hand. An ovariectomy, in his hands, does not impress the observer as a capital operation. It seems almost as trivial as opening an abscess. His methods of operating did not materially differ from those of Dr. Bantock. In closing the wound he used but one needle, threaded with a piece of long silk, introducing this as if for a continuous suture, but did not draw the thread tight. After the introduction of the needle, he left a long loop before the reintroduction. Then, after taking the last stitch, he lifted the free loops of silk on the index finger, and severed them with the scissors, thereby converting the continuous into an interrupted suture. These were tied in the ordinary way, and the wound was dressed in a manner which would be eminently acceptable to his most bitter antiseptic enemy.

During the day Mr. Tait performed ovariectomy, lumbo-colotomy, perineorrhaphy, and excised a urethro-vulvar cyst, besides attending to a large number of consultations, in one of which Dr. Dudley accompanied him to a distance of forty miles. This was for him only a moderate day's work. It is indeed evident that no other man in England controls a larger practice in abdominal surgery.

During a brief visit in Edinburgh, Dr. Dudley was pleasantly entertained by Thomas Keith, who had just returned from a consultation with Dr. Homans, in Boston, but unfortunately Dr. Keith did not operate during this time, although a large number of patients were waiting for him at the Royal Infirmary. His son, Dr. Skene Keith, kindly invited Dr. Dudley to an ovariectomy, his forty-eighth operation. Up to this time he had only lost one or two patients. His operation presented some interesting peculiarities. He used probe-pointed scissors of a peculiar pattern, instead of the director, in going down through the deeper layers of the abdominal walls. By pressing firmly against

the adhesions with a sponge at the point of their attachment to the cyst, he literally sponged them away from the tumor. It was surprising to note the facility with which rather firm adhesions were thus broken. It is much easier to tear them from the tumor with the sponge than to tear the tumor from the adhesions. The breaking of the adhesions in this way is also much more gentle, and in the opinion of Dr. Keith, diminishes the danger from shock. The adhesions were ligatured with fine cat-gut as fast as they were divided. In passing the ligature a forceps, similar to the ordinary compression forceps, was used. This instrument had blades more than half an inch long, of very small diameter, terminating in sharp points, so sharp that when the blades were closed they could be thrust through the soft tissue like a large needle. Grasping the ligature in the point of these blades, the tissue to be ligatured was transfixed. The ligature was then pulled through and the forceps withdrawn. The pedicle was transfixed and ligatured, with fine silk, in the same way.

DEATH OR COMA.

The close similarity which is occasionally seen to connect the appearance of death with that of exhaustion following disease, was lately illustrated in a somewhat striking manner. An infant, seized with convulsions, was supposed to have died about three weeks ago at Stamford Hill. After five days' interval, preparations were being made for its interment, when, at the grave's mouth, a cry was heard to come from the coffin. The lid was taken off, and the child was found to be alive, was taken home, and is recovering. Such is the published account of the latest recorded case of suspended animation. We need not now attempt a dissertation on the physical meaning of coma. It is well known that this condition may last for considerable periods, and may at times, even to the practised eye, wear very much the same aspect as death. In the present instance, its association with some degree of convulsion may easily have been mistaken by relatives, dreading the worst, for the rigid stillness of rigor mortis. This is the more likely, since the latter

state is apt to be a transient one in infants, though it is said to be unusually well marked in death from convulsions. One cannot, however, help thinking that the presence of the various signs of death was not, in this case, very carefully inquired into. It is hardly possible that, had the other proofs as well as that of stiffening been sought for, they would have been missed. It is true that hardly any one sign short of putrefaction can be relied upon as infallible. In actual death, however, one may confidently reckon on the co-existence of more than one of these. After a period of five days, not one should have been wanting. Besides rigor mortis, the total absence of which, even in forms of death which are said not to show it, we take leave to doubt, the *post mortem* lividity of dependent parts affords sure proof, as its absence suggests a doubt, of death. Then there is the eye, sunken, with glairy surface, flaccid cornea, and dilated insensitive pupil. Most practitioners, probably, are accustomed to rely upon stethoscopic evidence of heart-action or respiration. These alone, indeed, are almost always sufficient to decide the question of vitality, if they be watched for over two minutes. There is no information as to whether the child so nearly buried alive was seen by a medical man. It is difficult to believe that, if it had been, some sign of life would not have been observed. Still, the case is a teaching one, even for medical men, and warns us to look for a combination of known tests where any doubt exists as to the fact of death.—*Brit. Med. Jour.*

It is rumored that Prof. Matthew Hay, of Edinburgh, has been elected Professor of Pharmacology in the Johns Hopkins University. By this appointment five of the chairs in the future medical department of this university have been filled. These are Physiology, Chemistry, Pathology, Hygiene, and Pharmacology. The incumbents of the four first-named are, in order: Dr. H. Newell Martin, University Professor of Biology; Dr. Ira Remsen, University Professor of Chemistry; Dr. William H. Welch, formerly Pathologist to Bellevue Hospital, New York; and Dr. John S. Billings, U.S.A., who will lecture on public hygiene.—*Med. Times.*

THE ENTRIES AT THE ENGLISH MEDICAL SCHOOLS.

By the courtesy of the Deans, Subdeans, Wardens, and Secretaries of the various medical schools in London and in the provinces, we are enabled to publish the following authoritative list, which contains a summary of the number of students who have entered at the several schools this session.

| SCHOOLS. | A. | B. | C. | D. | E. |
|--|------|----|----|----|-----|
| St. Bartholomew's Hospital.... | 132 | 16 | 0 | * | 148 |
| Charing Cross Hospital..... | 37 | 10 | 16 | 0 | 63 |
| St. George's Hospital..... | 30 | 7 | 0 | 0 | 37 |
| Guy's Hospital..... | 59 | 17 | 0 | 15 | 76 |
| King's College..... | 47 | 14 | 0 | 17 | 61 |
| London Hospital..... | 77 | 81 | 0 | 1 | 108 |
| Middlesex Hospital..... | 30 | 5 | 5 | 0 | 40 |
| St. Mary's Hospital..... | 52 | 17 | 0 | 12 | 69 |
| St. Thomas's Hospital..... | 89 | 0 | 0 | 28 | 89 |
| University College..... | 67 | 0 | 0 | 69 | 87 |
| Westminster Hospital..... | 27 | 8 | 0 | 0 | 35 |
| London School of Medicine for Women..... | 19 | 1 | 0 | 0 | 20 |
| Cambridge University..... | 104† | 0 | 0 | 0 | 104 |
| Bristol Medical School..... | 30 | 1 | 0 | 0 | 31 |
| Owens College, Manchester.... | 54 | 13 | 5 | 27 | 72 |
| Queen's College, Birmingham.. | 17 | 11 | 1 | 7 | 29 |
| Yorkshire College, Leeds..... | 37 | 4 | 0 | † | 41 |
| The School of Dental Surgery.. | 0 | 0 | 22 | 0 | 22 |
| National Dental Hospital..... | 0 | 0 | 14 | 0 | 14 |

A. Number of students who have entered for the full curriculum.

B. Number of students who have joined for special courses.

C. Number of Dental students.

D. Number of students who have joined classes for preliminary scientific instruction.

E. Total, excluding students attending classes for preliminary scientific instruction.

* In compliance with the regulations of the University of London, students attending these classes are not counted as medical students.

† After the "Previous Examination" list is published, some others will probably be added.

‡ Students for these classes enter the "Science and Art Department."

It will be seen that, according to these returns, 647 students have entered this year for the full curriculum at the metropolitan medical schools. This is the largest number since 1881. The number of entries for the full curriculum during the five years 1881-1885 has been :

| | |
|------------|-----|
| 1881 | 732 |
| 1882 | 622 |
| 1883 | 605 |
| 1884 | 587 |
| 1885 | 647 |

The influence of the new school-buildings recently erected at St. Mary's Hospital and at the Westminster Hospital will be noted in the increased numbers entering at these schools. The number of entries at St. Bartholomew's shows a considerable decline since the first year of the quinquenniad, while at University College the number has sunk to very little more than half what it then was. The number of students entering at St. Bartholomew's in 1881

was doubtless abnormally large. University College has suffered from the operation of two causes. In the first place, a large number of the class of students who were formerly attracted there by the special facilities for instruction in biology and physiology, now go to the University of Cambridge (where, it will be noted, the number entering is larger than at any school in the country except St. Bartholomew's); and, in the second place, the small size and imperfect construction of the hospital, always a drawback, has doubtless had greater weight with parents and guardians under the circumstances above indicated. The large number of students attending classes for instruction in the preliminary sciences is a further proof, if proof be needed, of the truth of this observation. Excluding these two schools, the number of entries at the metropolitan medical schools this year does not fall far below that of 1881.—*Brit. Med. Jour.*

CREDE : DESCRIPTION OF A USEFUL NAPKIN FOR WOMEN DURING MENSTRUATION, AND FOR RETAINING PROLAPSE OF THE VAGINA AND UTERUS (*Arch. f. Gyn.*, xxiv. 2).—This napkin is constructed on the principle of the T-bandage, and consists of two portions, the one to pass between the legs and the other to go around the abdomen. The former buttons before and behind on to the latter, and may be thus readily changed as often as is necessary, without disturbing the latter. The latter fits snugly over the hips, and has three to four buttons in front and behind. The portion which lies over the vagina is broad behind and in front where it is attached to the abdominal piece, and should be loose enough to allow of the insertion of wool or cotton next the vulva, into which the blood flows. This cotton need ordinarily be changed but twice daily. By making a species of bolster out of cotton, and affixing it to this vulvar portion, Credé has found this bandage invaluable in cases of prolapsus uteri et vaginae, where an operation was impossible or inadvisable. It, when thus constructed, is also of use to assist in the retention of the various pessaries which are used under such conditions. In this paper cuts of the napkins are given.—*American Journal of Obstetrics.*

M. PASTEUR ON HYDROPHOBIA.

Professor Pasteur read on Monday evening to the Academy of Sciences a statement, of which the following is the substance.

M. Pasteur some time ago succeeded in rendering proof against rabies some sixteen out of every twenty dogs experimented upon; but to ascertain that immunity had really been given, he had to wait four months after the inoculation had taken effect. He, therefore, set himself to obtain virus of different degrees of strength, with the object of obtaining prompter and more certain results. This was effected by the following means.

A rabbit was inoculated with a fragment of tissue taken from the spine of a rabid dog. The incubation of the poison occupied fifteen days. As soon as the rabbit was dead, a portion of its spinal marrow was in turn inoculated into a second rabbit, and so on until sixty rabbits had been inoculated. At each successive inoculation the virus became of increased potency, and the last period was not more than seven days. Having ascertained that exposure to dried air diminishes the virus, and consequently reduces its force, M. Pasteur supplied himself with a series of bottles containing dried air. In these bottles were placed portions of the inoculated spinal marrow of successive dates, the oldest being the least virulent, and the latest the most so. For an operation, M. Pasteur begins by inoculating his subject with the oldest tissue, and finishes by injecting a piece dating from two days only, whose period of incubation would not exceed one week. The subject is then found to be absolutely proof against the disease.

At the beginning of July a young Alsatian, named Joseph Meister, who had been severely bitten in several places by an undoubtedly rabid dog, presented himself at the laboratory. His case, left to itself, being considered hopeless by M. Pasteur, Professor Vulpian, and other high authorities, the patient was submitted to the same series of inoculations that had been so successful on dogs. As a proof, a series of rabbits were simultaneously subjected to the identical processes. In ten days thirteen inoculations were made with pieces of spinal marrow containing virus of constantly-increasing

strength, the last being from the spine of a rabbit which had died only the day before. The youth thus operated upon by the successive administrations of weaker virus was made proof against the virus of the intensest strength. It is now one hundred days since he underwent the last inoculation, and he is in perfect health. Those rabbits, on the contrary, which were at once inoculated with the strong virus, without first being rendered fit to receive it, became affected within the proper incubation period, and died with the usual symptoms. The first inoculation practised upon Meister was sixty hours after he had been bitten. M. Pasteur has, at the present moment, another human patient under treatment who was bitten a few days ago by a mad dog.

M. Pasteur said it would now be necessary to provide an establishment where rabbits might always be kept inoculated with the disease. In this way there would constantly be a supply of spinal tissues, of both old and recent inoculation, ready for use. Before the sitting was ajourned, M. Pasteur received an enthusiastic ovation from both the Academy and the public present.
—*Brit. Med. Jour.*

NEPHROLITHOTOMY.

Nephrolithotomy is still a new operation on its trial, but there can be no question that, if it could be established as a reasonable safe procedure, it would be a very valuable means of treating, and perhaps curing, a small but important class of cases. It is, therefore, of interest to record that, on September 16th, Mr. Victor Horsley removed from the kidney of a middle-aged woman, a patient in University College Hospital, a stone weighing two ounces and a quarter. Symptoms of renal calculus had been present for four years. Since the operation the urine, which was before fetid, has become normal, and the whole of the operation-wound, with the exception of the track of the drainage-tube, healed by first intention within five days. This result is the more gratifying and encouraging, as the stone is, we believe, the largest ever yet removed from the pelvis of the kidney.—*Brit. Med. Jour.*

VERATRUM VIRIDE IN PUERPERAL CONVULSIONS.

We have often been surprised at the little acquaintance many practitioners, who are usually well posted as to advances in medicine, show in regard to the use of veratrum viride in puerperal convulsions. Few, if any, of our distinguished Eastern Professors or authors of text-books on midwifery give more than a passing mention of the fact that this drug is used by some "country practitioners" for puerperal eclampsia. But the records in favor of its adoption as the principal remedy in this disease are so convincing that we feel we but do a serviceable thing in calling attention to the subject. These favorable reports come mostly from practitioners in the Western States.

Our attention has been specially attracted to this subject at this time by noticing reports of the two cases appended by Dr. F. K. Powell, of Dancyville, Tenn., in the *Transactions of the Medical Society of the State of Tennessee*, for 1885. His first case was the wife of a farmer, and occurred in 1881. She was a primipara, plethoric, having a headache, full-bounding pulse, etc. In a few minutes after his arrival, she had a severe convulsion. She was first freely bled, and then he gave her ten drops of tincture of veratrum viride combined with potassium bromide, and repeated the dose at intervals until her pulse was controlled. She had no convulsion after time had been allowed for the medicine to act. In a short time the os dilated, pains grew stronger and more effectual, and she was delivered of a well-developed boy in a few hours, without any further trouble. Treatment was continued for some time after the child was born.

His next case was a negro woman—a primipara—and had had frequent convulsions for a day before he saw her. She was half unconscious; her pulse was full; pains weak; os dilated and rigid, and the indications portended a tedious and difficult labor—such an one to relieve which many authors would advise turning and delivery. The patient was bled, and ten drops of tincture of veratrum viride were given at short intervals until the pulse was controlled. It acted like a charm. Labor oc-

curred on the next day, without any symptom of a convulsion.

The doctor adds the advice to use fluid extract of veratrum viride hypodermically when the woman is unconscious. He was led to try the remedy by the great success he had had with it in subduing convulsions in children suffering from malarial fever. These reports are valuable when taken in connection with many cases reported by different physicians during the last few years.—*Virginia Medical Monthly*.

THE TREATMENT OF SCARLET FEVER.

Dr. Bedford Brown, of Alexandria, at the meeting of the Medical Society of Virginia, said that he had seen malignant cases with cold extremities and tongue, with a body temperature of 107° F. He used

| | |
|-----------------------------------|----------|
| R. Acid. salicylat | ℥ij |
| Tinct. aconit. radiceis | gtt. xij |
| Infus. digitalis | ℥jss |
| Spts. ammon. aromat. | ℥iij |
| Syr. aurant. cort. | ℥ss |
| Aquæ | ℥j |

M. Sig.—Teaspoonful for a child five years old every three hours.

This combination reduced fever more decidedly than any other antipyretics he had used; it acted also as a diaphoretic and diuretic. A tepid bath or a wet pack increased its action. Alcoholic stimulants benefited malignant cases, tending to collapse and coma; as also cases, on the other hand, having high fever, rapid pulse, and extreme restlessness. Such agents, also, generally arrested adenitis. In dangerous cases, frequent baths were too exhaustive. When extensive suppuration and pyæmia threatened, tincture of iron, Fowler's solution, and quinia sulphate acted well. To arrest acute nephritis and renal dropsy, he enveloped the body with a flaxseed-meal poultice covered with oil-silk. When the kidneys were engorged, the urine bloody, with dropsy of the chest and abdomen, a full dose of calomel, followed by compound powder of jalap, would often do good. Such cases bore purgation. But if the renal dropsy was attended with cool skin, great pallor,

feeble pulse, and great prostration, then frequent purgation was not well borne. In such cases he used lumbar poultices, digitalis, acetate of potash, with occasional saline cathartics. A morbid element in scarlatina often developed rheumatism; hence frequent cardiac complications. When these occurred he resorted to the active agents named in the foregoing prescription. Alkalies and salines should be used in renal complications. He had been disappointed with the diaphoretic action of pilocarpin. Potassium iodide was often useful in nephritic sequelæ of scarlet fever.—*N. Y. Med. Journal.*

CONDUCT OF THE THIRD STAGE OF LABOR.

Prochownick communicates to the *Centralblatt für Gynäkologie* a paper upon the management of the after-birth period. Referring to the recent criticisms of Credé's method, he states that in none of these was included the objection, which he regards as the most important. This is the pain that the method causes, and the unwillingness of some patients to submit to it; while, it may be urged, the majority of women would not complain, yet many nervous, sensitive women would. Our own opinion, on the other hand, is, that this suffering, usually, is not great—certainly not as great as that which was endured for hours in the previous stages of labor—and is so brief that few object.

Prochownick gives his own method as follows: Immediately after the birth of the child the flat hand is laid upon the woman's abdomen, and, after the lapse of a few minutes, slight friction is made upon the fundus for the exciting of energetic after-pains. After the third uterine contraction has taken place, he asks the patient to flex her lower limbs, placing the soles of her feet against the foot-board, and make an expulsive effort, which in primiparæ raises the accoucheur's hand, which frequently in the parous sinks down between the recti muscles, that have been separated by pregnancy. If the placenta is not expelled, this must be repeated once or oftener, even to the seventh contraction. He states that in only one case did he have to wait longer than the

seventh contraction. He is favorable to the use of ergot at the close of, or just after, the second stage of labor.

We believe the hand which is applied to the abdomen should not be flat, but concave—the manual concavity fitting to the uterine convexity—for then the uterus is defined, limited, a larger surface embraced, and any relaxation of the organ prevented, or at once recognized and remedied. Besides, a flat pressure, acting only upon the anterior wall, may, if this be greatly relaxed, so depress it as to prepare the way for uterine inversion. Certainly the part of Prochownick's plan which makes the woman a voluntary participant in the expulsion of the placenta, is good.—*Medical News.*

PHOSPHIDE OF ZINC IN DYSMENORRHOEA AND STERILITY.—In Mathews Duncan's lectures on Sterility in Women, he places dysmenorrhœa in the list of the best demonstrated sources of, or attendants on, such conditions. But, even if we consider dysmenorrhœa the cause of the sterility, the question of the treatment of the menstrual difficulty does not in many cases admit of ready answer. Certainly there are cases of dysmenorrhœa which may be rapidly and satisfactorily treated by dilating the cervical canal, this dilatation being by double-bladed dilators, rather than by other means. But there remains a large number of cases that present no indication for this method of treatment, and which, of course, are not benefited if it be tried. Now, some of these may possibly be cured by the use of phosphide of zinc, as recommended by Decoux, who found this medicine very useful in many cases of dysmenorrhœa and of amenorrhœa. Decoux narrates a case where it twice proved effective in curing sterility associated with the former disorder. In addition to the success of this medicine in dysmenorrhœa, amenorrhœa, and sterility, he has found it remarkably useful in cases of hysteria, ataxia, anæmia, and neuralgia. He gives two granules, of four milligrammes each, morning and evening. Only the crystallized preparation should be used, as the powder is inert. He states that its preparation is so difficult, that, with a single exception, one scarcely finds in commerce any but an impure product, which is partly or completely ineffective.—*Med. Record.*

THE ACTION OF DRUGS AT A DISTANCE.

At the last meeting at Grenoble of the French Association for the Advancement of Science, MM. H. Bourru and P. Burot, of Rochefort, presented reports of some very curious experiments with certain hystero-epileptic patients. MM. Bourru and Burot are attached, we believe, to the School of Naval Medicine at Rochefort, and their trustworthiness appears to be vouched for by the *Revue bibliographique Universelle*.

The most striking experiments were those illustrating the action of certain medicines at a distance. The hystero-epileptic patient being placed in a chair in the presence of the physicians, a fragment of opium is brought near him; it throws him into a heavy sleep.

Chloral placed at the back of the head caused a light sleep. Various emetics, such as ipecac and apomorphin, being placed near the patient, always, we are told, without his knowledge, caused vomiting.

In the same way alcohol caused a state resembling drunkenness; purgatives produced intestinal contractions; phosphorus produced tremor and hallucinations, etc.

All these phenomena were observed minutely, and sources of error, such as those of voluntary deception, of unconscious or conscious suggestion, were believed to be excluded. It is highly probable, however, that the patient, through some of his senses, knew the character of the drug brought near him. The only interesting scientific fact is, therefore, that of the capacity shown to control the organic functions, so that at a certain suggestion diarrhoea, nausea, sweating, palpitations, etc., may be produced.

This capacity was further illustrated by observations in another case. Dr. Mabile, of La Rochelle, had a hystero-epileptic subject whom he mesmerized one evening, saying that at a certain moment he would bleed from the nose. At the hour specified the epistaxis occurred. In later experiments stigmata were brought out upon the arm by "auto-suggestion."—*N. Y. Med. Record*.

Extract of sweet pea is said to be the homoeopathic remedy for diabetes.

SULPHUROUS ACID AS A DISINFECTANT.

At a recent meeting of the Académie de Médecine (*Jour. de Méd. et de Chir. fran.*), M. Dujardin-Beaumetz gave an account of some experiments made by him at the Cochin Hospital. He says that sulphurous acid is the best disinfectant, and that it destroys all the organisms contained in the rooms, with the exception of the bacillus anthracis. He has tried the bottles of compressed sulphuric acid recommended by M. Pictet, of Geneva, but their high price is a serious obstacle to their use. It is better to burn, in the closed room, about one ounce of sulphur for each cubic metre of air. The sulphur is mixed with a little alcohol on a saucer placed on sand. Sulphurous acid spoils many colors, and all metals, but the latter can be protected by a thick layer of grease.—*Brit. Med. Jour.*

CUTANEOUS ANODYNE.

Dr. R. G. Gouch, of Richmond, Va., recommends the following prescription as one of the best he has ever found as a lotion for itching cutaneous surfaces, whether the skin is broken or not. He has used it with invariable success, and it has now become a popular application with the people as well as the doctors of this city:—

R. Sodæ biborat ʒj
Acid. carbol gtt. xv
Glycerin ʒj

M. Sig.—Apply as lotion with camel's-hair brush, or by dropping from bottle on the itching surfaces.—*Virginia Medical Monthly*.

LUMBAR NEPHRECTOMY.—Mr. Clement Lucas operated in Guy's Hospital, on October 20th, for a large hydronephrosis occurring in a woman, aged 35, who had been tapped, with temporary relief, in the spring. The tumor was exposed by the oblique crucial incision practised by Mr. Lucas, and removed without injury to the peritoneum. The patient suffered little from shock, and has had no subsequent pyrexia. A week after the operation she was far advanced toward recovery, having had no symptom to cause anxiety.—*Brit. Med. Jour.*

THE EARLY CONTAGIOUSNESS OF THE INFECTIVE EXANTHEMS.—M. Lancereaux, in a recent communication to the Académie des Sciences, stated that a series of facts, collected in his hospital wards, convinced him that small-pox, measles, and fever were transmissible from the onset. The period of incubation varied; it was from eight to ten days in inoculated small-pox; from ten to twelve in spontaneous small-pox. A mild form of small-pox might, by transmission, provoke a violent or a mild form.—*N. Y. Med. Review.*

HEMORRHAGE FROM A TOOTH-SOCKET.—Dr. Blackville reports a case of hæmophilia in which obstinate bleeding followed the extraction of a tooth. Ergot and witchhazel were given internally, and Monsel's solution applied locally, without checking the hemorrhage, when it occurred to him to fill the alveolar cavity with dry plaster of Paris, a few repetitions of which completely controlled the flow.—*Med. and Surg. Reporter.*

GONORRHOEAL WARTS.—Nusbaum washes them twice daily with salt and water, and then sprinkles them with calomel. The reaction of the residual sodium chloride, and calomel produces mercuric chloride. This treatment, he claims, cures the warts rapidly, without causing pain or detention from business.—*Med. and Surg. Reporter.*

Therapeutical Notes.

It is said that the oxyuris vermicularis, or thread-worm, may be readily dislodged from its favorite habitat in the rectum by the injection of from two to three ounces of ol. morrhue, repeated once or twice.

HUCHARD'S HÆMOSTATIC PILLS.—

R. Ergotine.....
 Quin. sulph..... 33 gr. xxx.
 Digitalis pulv.....
 Ext. hyoscyami..... 33 gr. iii.
 M. Ft. pil. No. xx.

Sig.—Five to eight pills daily.—*L'Union Médicale.*

POMADE OF DR. JULIEN'S FOR PRURITUS VULVÆ.—

R. Zinci oxidi 25 grammes.
 Acidi salicylici..... 1 gramme.
 Glycerini amyli 25 grammes.

Sig.—Apply as needed.—*Phila. Med. Times.*

THE COLD DOUCHE IN INSOMNIA.—The following is recommended as a very efficacious means of producing sleep in insomnia associated with eruptive or continued fevers: The patient's shoulders are covered with a cloth and the ears plugged with cotton. Then the head being held face down over the edge of the bed, a fine stream of cold water is dropped upon the neck and occiput. The water should fall from a height of eighteen inches during a period of three or four minutes. The head is then dried, and the patient made comfortable in bed. As a general rule, sleep follows in a very short time.—*Concours Médical.*

HOPEINE.—This is said to be an alkaloid obtained from hops, the American hops yielding by far the largest percentage. It is a white powder, crystallizable in needles, of a bitter taste, aromatic odour, and soluble 1 in 100 of water, 50 in 100 in alcohol. In the adult, a dose of 1 to 3 centigrammes produces sleep, lasting from two to six hours, and is not followed by the unpleasant after-effects of morphia. In large doses it causes nausea and vomiting and constipation. The dose varies from one milligramme to four centigrammes, according to age and sex. It causes neither dysuria, cutaneous itching, nor, save constipation, any gastro-intestinal trouble, and is therefore indicated in genito-urinary affections and in irritable stomachs. Further experiments are necessary before assigning to hopeine its proper therapeutical place.—*L'Union Médicale.* R. Z.

RESERVE MEN AND SANITARY PRECAUTIONS.

—In order to prevent the introduction of syphilis into their homes, the reserve men of the Russian army, before being dismissed, are to be examined, and, if necessary, detained in hospital until it is safe to allow them to return home.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TO SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 63 Gerrard St. East.*

TORONTO, DECEMBER, 1885.

MEDICAL EXPERTS AND THE INSANITY PLEA.

It is generally admitted that the evidence of medical experts does not receive so much consideration, nor carry so much weight in the courts of law as we might naturally expect. This is especially true as regards the subject of insanity. A physician who has come in close contact with lunatics, and studied lunacy carefully in our asylums for the insane, should be able to detect more quickly than others the signs of insanity in all its various phases; and, as a matter of fact, he is. Unfortunately, however, as it seems to us, there appears to be a tendency on the part of some very able alienists to exaggerate the importance of every deviation, however slight, from that proper equilibrium of the mental faculties which so essentially constitutes sanity in each individual. The effect of such tendency, when pushed to its extreme logical conclusions, is to consider every murderous or rebellious act an insane one, and every criminal a lunatic. Not unfrequently we have in the courts the unfortunate spectacle of two sets of experts giving opposite opinions. While such differences of opinion are not confined to physicians, but frequently exist on a bench of judges, still these occurrences are unfortunate.

We regret to have to refer to this subject at the present time, when there is connected with the execution of Riel such an amount of political excitement, but are impelled to do so on account of the position assumed by Dr. Daniel Clark, and the comments of various newspapers in connection therewith. Dr. Clark, whose eminence and ability necessarily give considerable importance to his statements, has publicly

expressed the opinion that "this unfortunate man" was insane. He has founded this opinion not so much on what he discovered in the prisoner during his interviews, but what he heard from other sources. While he has a perfect right to his opinion, we doubt if he will find many who agree with him; on the contrary, we believe that at least nine-tenths of the physicians of this Province will agree with us in saying, the evidence all goes to show that Louis Riel had a perfect appreciation of the difference between right and wrong, that he calculated carefully in each case the chances which would accrue from both rebellions, that he showed a wondrous ability in his management of men, whether in his *Councils of State* or on the field of battle, and that he was, in short, a responsible being in every respect.

Until experts can furnish a correct and precise definition of lunacy, and a clear distinction between moral depravity and moral insanity, their opinions and statements are likely to be received with as much reserve in the future as they have been in the past, and the decisions will be left to the plain common sense of judges and juries, who, apart from certain niceties connected with the various intricacies of the human intellect, have proved to be about as well qualified to give an opinion on this question as the most skilled among our physicians.

We accept cheerfully Dr. Clark's statement that he has nothing to do with the political aspect of the case, and we think it unfortunate, on that account, that his views should have been published in such a way at that particular time.

His expression of opinion after Riel's death was, in the interests of the public, useless, while, from a scientific point of view, it would have been very interesting; and we regret exceedingly that he did not adopt the more dignified course of waiting until the popular excitement had ceased, and then expressing his views to the profession through the proper channels, *i.e.*, the medical journals.

CORRECTION. — We regret exceedingly the errors which occurred in Dr. Burt's excellent paper last month. For *m. m.* was substituted *ins.*, and for *erection*, *election*.

PNEUMATIC DIFFERENTIATION.

A few months ago we made some remarks on the treatment of pulmonary diseases by compressed air. The remarks were founded on the lectures delivered in London by Dr. Theodore Williams.

Within the last year or so, a cabinet has been constructed, called the Pneumatic Differentiator, with which to carry out the compressed air treatment.

Dr. Herbert F. Williams, of Brooklyn, brought it to the notice of the profession in the *New York Medical Record*, January 17, 1885. He gave the results of its trial in sixty-four cases of various pulmonary complaints.

Dr. Houghton, of Chicago, has published in the *Journal of the American Medical Association* his experience with the cabinet in a number of pulmonary cases.

Dr. Vincent Bowditch, of Boston, in an August number of the latter journal favourably commented upon this mode of treatment. We give in Dr. Houghton's own words a description of the cabinet and the results sought for by its use:—

"The cabinet is an air-tight chamber, in which the patient sits or reclines, breathing from the outside through a flexible tube. We exhaust a small portion of the air about him, causing a deep, easy and pleasant inhalation, filling every part of the lungs with the air or spray, producing a stronger and more regular circulation, bringing the blood into complete relation with the oxygen of the air, and introducing the medication in every recess with ease; we have now simply aided the patient to take a deeper breath than he otherwise could. We can then either produce a compression of the air about the body, compelling an evacuation of the lungs, and repeat the former movement, or we can continue the rarefied condition and let the patient expel the air by his own efforts. In this latter way we produce the same effect upon the lungs that a dumb-bell does upon the muscles of the arm, for the effort is to *exhale* and not to *inhale*. We thus have such complete control over the movements of respiration, that we can increase or diminish the force, frequency and depth of each breath at our

pleasure, and without the slightest effort or discomfort on the part of the patient.

"In addition, the mucus which patients attempt to remove by coughing, and which they can often only detach in small portions and sometimes not at all, is by this method loosened and easily expectorated. The lungs can also be medicated and disinfected in a better manner than by any other method. The Semple Inhaler is the best spray-producing apparatus I have ever seen.

"The following are the solutions that I have found useful, the last four being prepared expressly for Semple's Atomizing Inhaler by Parke, Davis & Co. The vehicle consists of fluid cosmoline, and in combination with various oils and balsams, the spray being more like a smoke:—

SOLUTION No. 1.

R. Sol. Lugol..... \bar{z} ss.
Glycerin..... \bar{z} iii.
Aque ad..... \bar{z} x.
M.

No. 2.

R. Hydrarg. Chl. cor.....gr. iv.
Ammon. Chl.....gr. x.
Glycerin..... \bar{z} ii.
Aque ad..... \bar{z} viii.
M.

No. 3.

R. Ammon. Chl..... \bar{z} ii.
Glycerin..... \bar{z} iss.
Aque ad..... \bar{z} iv.
M.

No. 4.

R. Calc. Hyphophos..... \bar{z} i.
Glycerin..... \bar{z} i.
Aque ad..... \bar{z} iii.
M.

No. 5.

R. Sol. Lugol.....20%.
Sol. Acid Carbol.....1%.
Ext. Hamamelis.....aa \bar{z} i.
M.

No. 6.

R. Ol. Picis liq..... \bar{z} ss.
Fl. Cosmoline..... \bar{z} i.
M.

No. 7.

R. Ol. Eucalypti..... $\bar{3}$ i.
 Fluid Cosmoline..... $\bar{3}$ i.
 M.

No. 14.

R. Acid Carbol.....gr. x.
 Fluid Cosmoline..... $\bar{3}$ i.
 M.

No. 15.

R. Fluid Benz. Comp..... $\bar{3}$ i.
 Tinct. Cosmoline $\bar{3}$ ii.
 M.

"The cabinet is an instrument by means of which the following results are sought :

"1st. The strengthening and developing of weak and poorly expanded lungs.

"2d. The arrest of pulmonary disease in its earlier stages.

"3d. The prolongation of life with comparative comfort in those cases of pulmonary disease in its later stages where a cure is impossible."

Both Dr. Williams and Dr. Houghton report a number of cases treated in this way. In cases of tuberculosis in the first stage the success has been remarkable, as well as in cases of asthma and chronic bronchitis. In the former class an allowance must be made for errors in diagnosis. It is a difficult matter to distinguish between early tuberculosis and catarrhal pneumonia.

Dr. Houghton arrives at the following conclusions :—

"1. Pneumatic differentiation is of undoubted service in all conditions of primary infiltration.

"2. Where the febrile movement has been unchecked for many weeks before treatment, improvement, if any, will show itself within the first ten or twelve applications; if there is no abatement of symptoms its continuance is of questionable utility, and it may be absolutely contra-indicated.

"3. That phthisical disease at the apices is more favorably treated than when at the base of the lungs.

"4. That it is possible by this means to more thoroughly medicate the lungs than by any other known method.

"5. That the expansion of the lungs by

differentiation is itself a therapeutic measure of great merit.

"6. That peri- and inter-vesicular exudation is capable of cure by this method, and even third stage phthisis is benefited, at least temporarily.

"My experience is that when the febrile movement is excessive, when the evidences of septicæmia are pronounced, it is not wise to use the pneumatic cabinet certainly until these symptoms have subsided. In cases of chronic bronchitis I have had so little experience that I can only say that if the proper remedy can be found its application is easy enough.

There are a number of cabinets now in use—one in Brooklyn, three in New York, one in Boston, one in Albany, and one in Cincinnati. It strikes one at first that this form of treatment is too mechanical for such a disease as pulmonary tuberculosis. We would have much more hope for it in chronic bronchitis and asthma. We would also very much fear that it will ultimately get into the hands of charlatans who will use it as a means of making money, and use it in improper cases.

This mode of treatment, however, may possess greater merits than would at first appear. That it is endorsed by so high an authority as Dr. Bowditch is certainly a strong point in its favor.

We hope to hear of further successful results of treatment, as any means whereby a disease so dreaded as pulmonary tuberculosis may be cured, or even partially relieved, will be hailed with delight by the profession.

EXAMINING BOARD OF TORONTO UNIVERSITY.—

The following will constitute the Board of Examiners in Medicine for Toronto University: Physiology and Pathology—G. A. Tye, M.D., of Chatham; Medicine and Therapeutics—J. J. Cassidy, M.D.; Midwifery and Forensic Medicine—W. Britton, M.D.; Anatomy—D. B. Frazer, M.D., of Stratford; Surgery and Surgical Anatomy—I. H. Cameron, M.D.; Clinical Medicine—J. E. Graham, M.D.; Clinical Surgery—F. L. Grasset, M.B.; Hygiene and Medical Psychology—C. W. Covernton, M.D.

Medicine and Arts: Chemistry—R. F. Rutan, M.A., professor of McGill College, Montreal; Biology—A. B. McCallum, B.A.

TREATMENT OF INTERNAL HÆMORRHOIDS BY INJECTIONS OF CARBOLIC ACID.

This method of treating internal piles was first adopted by quacks, who obtained such success by its means that members of the regular profession tried it. It was found to be somewhat dangerous on account of the sloughing which was frequently caused; and this accident, occurring occasionally under the treatment of the irregular itinerants before referred to, often produced serious results. Even in the hands of the most conservative and careful surgeons it may happen. Many rectal surgeons, such as Allingham and others, pronounced rather strongly against the carbolic treatment, and very few favored it. Recently, however, it has been found that injections of carbolic acid, when properly used, are very efficient and safe in a large proportion of cases.

One of the strongest champions of the method is Dr. Kelsey, of New York. We have tried it in the manner recommended by Kelsey, and found it very satisfactory indeed. It seems especially suited for those cases of large piles in the aged and enfeebled, who are either unfit or unwilling for operation by ligature or clamp and cauterization. We take the following, abbreviated, from rules given by Kelsey, in an article in the *New York Medical Journal* :—

1. Use purest carbolic acid, purest glycerine, and distilled water, in the preparations of solutions, which should be perfectly colorless, the acid being in perfect solution. The glycerine is added to the solution of carbolic acid in water, in just sufficient quantity to make a clear fluid.

2. Use only the finest and most perfect hypodermic needles.

3. The treatment is suitable for all varieties and sizes of internal hæmorrhoids, but not for external.

4. First give an enema of warm water, and let the patient strain the tumors as much as possible into view. Then select the largest, and deposit five drops of the solution as near the centre of the tumor as possible, taking care not to go too deep so as to perforate the wall

of the rectum and inject the surrounding cellular tissue. If pile does not protrude, draw it out with tenaculum. Watch for pain, which may appear at any time within twenty-four hours. The continuance of pain into the second day generally indicates that sloughing will follow. If there be no pain, a second tumor may be attacked on the second or third day.

5. There is no absolute rule as to strength of solution. For small tumors, not pedunculated, use five drops of a five per cent. solution; for larger, use five to ten per cent.

In large, vascular, prolapsing tumors, Mr. Kelsey uses sometimes a thirty-three per cent. or fifty per cent. solution, and occasionally the pure carbolic acid. In using these strong solutions, his object is to produce a circumscribed slough which will result in a radical cure.

ONTARIO MEDICAL ACT.

A large meeting was held in Toronto, November 16th, to consider the proposed amendments to the Ontario Medical Act. The Solicitor of the Council, Mr. B. B. Osler, Q.C., was present, and gave his opinion on various points as they arose.

The amendments proposed were considered and disposed of as follows :—

First—In section VI. add—"and provided that said colleges not mentioned in this clause must establish a medical faculty, and give lectures in each department for such a time as may be specified by regulations of the council."

This section was passed subject to the solicitor's views as to the proper wording.

Second—"That all actions brought against medical practitioners for malpractice must be instituted not later than one year from the date of such so-called malpractice." Adopted.

Third—"In regard to the proper payment of medical witnesses when summoned to give medical evidence for any court of law or equity, we recommend that they should be properly paid." Adopted.

Fourth—"That we recommend the appointment of a medical man in each division to act as taxing officer for all medical accounts in dis-

pute when so required, with similar powers to those of the taxing officers of the Law Society." This clause was dropped.

Fifth—"That the council shall have power to establish a code of ethics, and in the event of any violation of the code to punish the offender by suspension or erasure of his name from the register of the college, such action to be proceeded with by examination by the council, the same to have power to examine witnesses on oath."

Dr. Oldright moved in amendment, seconded by Dr. Johnson, "That the solicitor be requested to embody in the proposed amendments clauses similar to the English Medical Act of 1858, and clauses xiii., xvi., and xv. of the Dentists Act (England) of 1878." Carried.

Sixth—Security for costs in suits for damages for alleged malpractice:—"The plaintiff's and defendant's private examination might be placed before a judge of one of the Superior or High Courts, and if the judge thought it doubtful that a conviction would be obtained against the defendant he might order the plaintiff to give security for costs, so that if the judge at the trial dismissed the suit, or if the jury found for the defendant, the defendant would not, in fact, be saddled with damages, the damages here, of course, being his own costs, which too often the plaintiff cannot pay."

Dr. Adam Wright moved, seconded by Dr. Temple, "That the clause be dropped." Carried.

It will be seen that the meeting deemed it advisable to drop entirely two of the proposed amendments. Those in favor of the appointment of a taxing officer, thought that such an officer might be empowered by Parliament to tax medical accounts placed in court, with the effect that his approval would be equivalent to a judgment against the defendant. The solicitor thought it improbable that any such powers would be given. The general feeling appeared to be that such an appointment would be useless, and it was unanimously decided to drop the clause.

The amendment, by which it was proposed to compel the plaintiff in suits for alleged malpractice to give security for costs, met the same fate. Mr. Osler thought it would be impossible to have such a law enacted by the Legislature.

Those present agreed in this view, and decided by a unanimous vote to drop the clause.

During the discussion on the first clause it was contended that the University of Ottawa should be included in the list of those educational bodies named in the Act as entitled to choose a representative for the Medical Council.

There was considerable discussion in the third clause, and it was thought by many that the words "properly paid" were rather vague. It was, however, adopted.

In considering the 5th clause, it was feared by some that we might be conferring powers on the council which were too indefinite in their nature. Others objected to the establishment of a code of ethics by the council. It was finally decided by a unanimous vote that we should copy the English Medical Act, which would give the council sufficient powers to deal with licensed practitioners who were guilty of grossly unprofessional conduct, and at the same time throw sufficient safeguards around individual rights to satisfy the most timid.

THE CONDUCT OF MEDICAL STUDENTS.

That most disgusting and senseless prank, the result of which was discovered on Parliament Street, in this city, has directed attention to the general conduct of those engaged in the study of medicine. The public were quick to accuse medical students of committing the act, even before any evidence could be shown for or against. The City Council discussed the matter, and the conduct of students upon the public streets was severely commented on. Fortunately, so far, there is no evidence to show that medical students have had anything to do with the matter. All this leads one, however, to enquire whether the conduct of students in the school, hospital, or on the street, is just what it ought to be. We are afraid that many of their acts will not meet with the approval of the wisest and best of our people. It might be said here, however, that it is wrong to accuse all students equally when these excesses are committed. As a general rule, a few of the older ones, who are more fond of play than of work, and who have

become rather degenerated than improved during their medical course, act as ringleaders to the freshman class. Members of the latter, innocent and uninitiated, are easily led to believe that it is the proper thing for medical students to make hideous noises on the streets at midnight, to whistle and shout in the opera house, to cut their names in the seats during lectures, and that if they do not acquire these accomplishments they are scarcely worthy to enter the noble profession. In a year or so, however, the majority have their eyes opened, and, seeing the folly of their ways, set about at once to mend them. By that time another freshman class appears on the scene, which has to pass through the same stage of development. Thus it goes on from year to year, and the good name of the student fraternity is tarnished by the foolish acts of a few brainless individuals.

By this it will be seen that these silly practices have descended from one generation of students to another, and the persons really to blame are the students of years ago. It is curious to observe how characteristics are thus transmitted.

However, with all their faults, the students of the present day compare very favorably with those of say twenty years ago. Their application to work is much greater, and there is much better order now than formerly.

There are still a number of practices which are very objectionable and should be frowned down by those who have the welfare of the profession at heart. Such diversions as shouting on the streets at midnight, breaking seats, dragging one another out of their seats are certainly very much beneath the dignity of medical students, and would be inexcusable even in boys' primary schools.

A notable difference exists in this respect between the students of our schools here and those of large continental or American cities. In the latter, the students act as full-grown men, and not as boys. Their recreations of a boisterous character are indulged in at their clubs or in the football-grounds, and not on the public streets.

Improvement in this respect is, however, but a matter of time. As our city grows larger, it

assumes the dignity of a metropolis, and students, as well as others, will feel it their duty to sustain its fair reputation in every way.

SCHOOL DINNERS.

The annual dinners of the Medical Schools of Toronto took place in November.

The twelfth annual banquet of the Toronto School of Medicine was held in the Rossin House, Tuesday evening, November 24th. Mr. J. W. Peaker acted as chairman, while Messrs. A. B. Eadie and S. T. Barton occupied the vice-chairs. Among the doctors living outside the city, we noticed Drs. Savage, Heggie, Dales, Robinson and Pickard. We think it unfortunate that the graduates do not appear in larger numbers at these dinners. The banquet was in all respects a perfect success. The students turned out in large numbers, and were as enthusiastic as usual. The members of the Faculty and a large number of guests were present. Among the latter were representative students from different schools: Mr. Worthington, from McGill; Mr. Balfour, from London; Mr. Oregan, from Kingston, and Mr. McEdwards, from Trinity.

The speeches of the students were unusually good, although the chairman was over-modest in understating the numbers enrolled for this Session. Mr. W. O. Higgie responded for the graduating class, Mr. Geo. Watson for the freshmen, and Mr. D. A. Dobie for the ladies.

The annual dinner of the Trinity Medical School took place also in the Rossin House, on Thursday evening, November 26th, and was very successful in every way.

TORONTO MEDICAL SOCIETY.

Dr. Cassidy, the President, entertained the members of the Society, at his residence, in a *right royal* fashion, on Wednesday evening, November 11. About fifty sat round the festive board and partook of a sumptuous repast. Dr. Cassidy, as chairman, proposed, in a very happy manner, a number of toasts, which received suitable responses. Dr. McPhedran, as First Vice-President, occupied the vice-chair. A most enjoyable evening was spent.

REMOVAL OF A LARGE UTERINE FEBROID.—

Dr. Atherton, of this city, removed, a few weeks since, by hysterectomy, a large myofibroma, weighing sixty pounds. It had been growing for twelve years. The patient is thirty-five years of age, and is, we understand, making a good recovery.

The index appearing in this number, we have to hold over for our next issue a large amount of most interesting reading matter. Original communications, Societies' reports, our Montreal correspondence, book reviews, etc.

Our subscribers, by referring to the labels attached to their journals, will see up to what date their subscription has been paid. By forwarding at earliest convenience amount due they will very greatly oblige.

Correspondence.

SMALL-POX.

To the Editor of the CANADIAN PRACTITIONER.

SIR,—There has been a very considerable, diminution in the death-rate during the first two weeks of November, as compared with the month of October. The daily average for October was fifty-two—for the first fifteen days of November it was just half of this. There is every prospect now that we have seen the worst and that there will a steady diminution, and in the near future a complete disappearance, of the foul disease. Undoubtedly, the principal credit for this favorable change in the aspect of affairs is due to the thoroughness with which vaccination has been enforced by the leading manufacturers on their employees and their families. In the great majority of cases it was a practically enforced vaccination. Vaccination or dismissal has been the order of the day, and the wisdom of it is now evident. What with all their bluster the health board was unable to accomplish, private citizens accomplished silently.

During the past two weeks well organized and successful efforts have been carried out in isolating infected families, who could not or would not be removed to the civic hospitals.

Had these measures been put into force three months ago, the epidemic would never have reached its present proportions. The health board is greatly to blame for its apathy in this and many other directions. Time and again was their attention called to it, but the only answer forthcoming was, they intended to rely on what they were pleased to call "moral suasion." Montreal has learned several lessons from this epidemic. One of these is that lay boards of health are a delusion, and another is that in the appointment of a medical health officer, religion and politics should be rigidly excluded. It is hoped that these lessons will bear some fruit.

The qualifications of a health officer of a great seaport town should be of a very high order. The appointment should not rest, as it now does, with a few addled-headed aldermen, but should be entrusted to the Federal Government. The appointment is one which has a direct interest to the whole of the Dominion, as many places know to their cost this day.

If proof were needed of the great efficiency of Jenner's immortal discovery, it would be found in the statistics of the present epidemic. In a future letter your correspondent will deal more fully with this subject.

Of all the painful occurrences connected with this epidemic, none have been more so than the sickening revelations published in regard to the way in which the sick of St. Roch's Hospital have been treated. This hospital has had for its medical superintendent Dr. Nolin. In spite of the recommendation of several of the leading physicians of the city, St. Roch's Hospital is still carried on as a small-pox hospital.

"Dirt, foul smells, and mismanagement were the characteristics of St. Roch's Hospital" when visited by the Montreal members of the College of Physicians and Surgeons. They found "no ward book, the hospital physician (Dr. Nolin) apparently relying upon his memory to keep him sufficiently posted as to the treatment and progress of his numerous patients."

It may appear to outsiders scarcely credible that no record was kept of the cases in an hospital having over one hundred inmates, but such are the melancholy facts. It seldom falls

to the lot of any physician to have opportunities like those of Dr. Nolin for the study of one disease. What a valuable mass of information could have been given to the scientific world if all these cases of small-pox in St. Roch's had been carefully observed and recorded!

We all remember what good use Dr. Osler made of his opportunities while connected with the small-pox hospital of this city some ten years ago. If Dr. Nolin had even recorded every day observations, which any second-year medical student could easily have done, the profession would have been thankful.

Fortunately for the credit of the medical profession of this city, the superintendent of the Protestant hospital, Dr. J. Gardner, is a man whose ability, energy and training eminently fit him for his onerous position.

When Dr. Hingston is called upon to give to the world a second edition of his work on the "Climate of Canada," it will be necessary for him to entirely change that portion where he says, "Indeed, in considering the few diseases which here afflict humanity, relatively to elsewhere, we have great reason to be thankful to the All-powerful Controller of the seasons as of our fate, that in separating us from the great branch of the European family, and in placing us where there are indeed no majestic ruins scattered around to prove past greatness, or add to present interest, He has prepared for us a land where we may not only live in peace with all men, but in the assurance that no noxious exhalation will imprint its morbid impress on our countenances—that no pestilential effluvia will enter our nostrils—that no serpent will instil its fatal poison into our veins—that with our breath we will draw no plague into our blood—and that, though He exposes us to much heat in summer, and to a temperature in winter which pinches us till we cry out with Jacques: 'This is no flattery;' yet, through our intelligence, He keeps us in health, comfort and safety. More than once, during my professional career, I have endeavored to map out one single disease, or form of disease, we might claim as peculiarly our own; but, so far, I cannot boast of having made the discovery, unless one, which is cer-

tainly not met with in Great Britain—the 'Mal de Raquette,'* be termed a disease."

In the light of recent experiences—experiences that were upon us before the "Climate of Canada" was issued to the public—the above quotation is curious reading.

For the second edition we would recommend, in place of the above, the following sentence: "Owing to the great carelessness and ignorance of certain hospital authorities, the dense stupidity and superstition of a large number of the population, and the incompetency of the health board, Montreal lost, in the year 1885, over three thousand of her population from the ravages of small-pox—an easily preventible disease."

NURSING BY RELIGIOUS COMMUNITIES.

The nursing of our small-pox patients in the public hospitals has been entirely entrusted to the religious sisterhoods. In the Roman Catholic hospital it is carried on by the Grey nuns, and in the Protestant hospital by certain sisters of the Church of England. In this province, where ecclesiasticism has such an iron grip on the French element of the population, it is not to be wondered at that the Grey nuns should be entrusted with this important mission; but why it should be considered advisable to have Protestant patients nursed by a religious sisterhood is strange indeed. It is particularly strange to those who know how much superior the modern trained lay nurse is to the religious nurse. Every physician who has had any experience with the two classes will invariably prefer the lay one. The reason of this is not far to seek. It is the business of the lay nurse to nurse, while her religious sister has for her main object the furtherance of the private ends of her own "community." These ends may be very praiseworthy—in fact they often are—but they are not nursing.

We have a lamentable example at the Longue Point Asylum of the incompetency of religious sisterhoods in nursing. Dr. Hack Tuke has told to the world how very far short of what it should be is the nursing there. His report

* "Mal de Raquette" is, according to Dr. Hingston, a pained affection of the flexors of the legs and thighs from overuse in snow-shoeing.

on the condition of this asylum is proof indeed, if such was needed, that the physical and mental well-being of the patients entrusted to them is not the first care of religious sisterhoods.

Montreal, Nov. 20, '85.

ISMENUS.

PERMANGANO-PHENYLINE.

To the Editors of the CANADIAN PRACTITIONER.

SIRS,—In your last issue I find a communication to which I beg space for a brief reply.

Your correspondent, in the selection of his *nom de plume*, has certainly fallen upon a highly suggestive character. Without further waste of space, however, upon all that it suggests to my own mind, I may, perhaps, be permitted to say that the name and all that precedes it may be summed up in three words—self-complacency, pedantry, malignity.

“Without sin in that respect,” in his strictures upon the few professional sinners, to whom he refers as having been guilty of a serious scientific and moral offence, seems to have ransacked the whole dictionary of our language, and has failed to find a word sufficiently significant to convey the full extent of the meaning of our crime. He has, therefore, set himself to coining a word, which he calls “disfame”—shades of Webster! What a word! Why, I could have suggested a very common word that would have answered his purpose infinitely better, and left him more time for pursuing his medical brethren in their wicked wanderings. But, it seems to my poor judgment that your correspondent does not speak with the accuracy which would be desirable in one who undertakes to be so extremely oracular in his utterances. I dare say, in reply to his query, that the custom of giving testimonials has become too prevalent among the whole profession; and I shall be very happy to be one of the number to enter into terms by which this custom shall be discontinued *entirely*. I submit, however, that the method of cynical sneering at his professional brethren, and of holding them up to public derision, which has been adopted by your highly-cultured correspondent, is not likely to improve matters very much in any direction.

Now, I beg to say that “Without sin in that

respect” must have quite forgotten himself when he says that the giving of such testimonials as he challenges is not very common in the old country. I will venture the assertion that you cannot take up one single number of any of the leading British journals in which you will not find entirely similar advertisements to that of Permangano-Phenylene, with testimonials from the very highest medical and surgical authorities. The fact is, our medical journals everywhere teem with, and fatten upon, just such advertisements. I have taken the trouble to look over the advertisements in the London *Lancet* and other prominent British journals, and in every one I have found several of the same kind as that attacked. In the same number of your own journal in which “Without sin in that respect” appears, at least half a dozen may be seen, prominent among them being Little’s Soluble Phenyle, with the testimonials of three respectable physicians of this city attached to it.

It is no part of your correspondent’s business to inquire as to the process by which those ten sinners reached the conclusions referred to in their testimonials. That is a matter which ordinary decency would have permitted them to settle for themselves. The only point upon which “Without sin in that respect” has any right to raise a question is, whether or not the conclusions reached were scientifically accurate. Now, I am not a chemical analyst, nor have I presumed to be such; but I submit that all that is stated in my testimonial, or in any of the other nine referred to, does not require very brilliant scientific attainments, but a reasonable amount of common sense, and a little less cynicism than is displayed in your correspondent’s communication. Well, have we brought disgrace upon the schools we represent, or done any violence to the scientific pretensions any of us may make? This is the real question, and not whether or not we have had the time to pursue our scientific investigations to their legitimate conclusions. I am quite satisfied to stand or fall, on every word uttered in my testimonial, before the judgment of the best analysts that can be produced in the new or the old world. I have the positive opinion of as good men as either Dr. Russell or Dr. Baxter, or even your learned

correspondent, that what he is pleased to characterize as a "scientific falsehood" is simply and absolutely a libellous statement. I have taken the trouble to submit this preparation to one of the very best public analysts on the continent of America, and his reply is unequivocally and positively in direct contradiction of the statements of your correspondent and his authorities. This authority denies that a mixture of phenyle and permanganate of potash would result in a neutralization of the properties of either constituent. I will not pretend to say that the disinfectant preparation recognized as Permangano-Phenylene is any more effective than either of its constituents would be. This, I believe, is not claimed for it. It does, however, contain two of our best disinfectants in an agreeable combination, very elegantly prepared, in my judgment, and without any resultant loss in the effectiveness of either constituent. This is all that is claimed for it; and if it fulfils these requirements, it certainly is a very pleasant preparation and worthy of all the commendation that has been bestowed upon it. Why, then, attack this preparation, and not Little's Soluble Phenyle, which is in no respect better? Why allow Scott's Emulsion, or Hydroleine, or a hundred other proprietary preparations, all of which are open to the same objection, to pass unchallenged? The fact is that the age is one eminently conspicuous for the presentation to the public notice of every conceivable form of fanciful, and too often, I fear, useless medicinal combinations. But if we must be censorious, let us also be impartial. If we wish to give vent to any superabundance of those refined graces which constitute so conspicuous a portion of your correspondents effort to scandalize his professional brethren, let us try to be generous enough to let our utterances cover the entire ground. "Without sin in that respect" seems to be very solicitous about the unfortunate position in which those ten sinners have involved themselves and the schools and societies they represent. It seems to me that he has shown himself to be a good deal more solicitous that his highly unbecoming stab in the dark may be effective in wounding where it is intended to wound. I beg of him not to be exercised over

much. We all feel comforted, I have no doubt, with the reflection that we are in good company, and that the list of such sinners as we is every day lengthening by the addition of names of gentlemen who do not willingly allow themselves to be professionally compromised. We have no fear, however much your correspondent may desire it, that such covert attacks will seriously detract from our reputations whilst they continue to be aimed after so cowardly a fashion. If "Without sin in that respect" thinks he is promoting the interests of the profession and the general public by such unwarranted demonstrations as those in his letter, he may rest assured that he has greatly erred; and that, while he may be gratifying his personal pique against some one or all of those concerned, he is not helping forward in the great object at which we should all be aiming, namely, a stronger bond of sympathy between the members of the profession, and more of that harmony so sadly lacking amongst us, and so much to be desired.

Yours, very truly,

GEORGE WRIGHT, M.D.

Toronto, Nov. 27th, 1885.

Medical Societies.

TORONTO MEDICAL SOCIETY.

(Reported by JAMES A. WATSON, M.D., Secretary.)

At a meeting of the above society, Oct. 22nd, Dr. Carson delivered an address on the application of the forceps to the breech, illustrated by the following case:

A delicate primipara, not young, was taken ill on Tuesday night. The membranes ruptured early, with the result of a lingering first stage lasting all the next day. About midnight on Wednesday night the second stage was reached with fairly good pains, and the breech became engaged in the pelvis. Chloroform was given. Three hours afterwards, no progress having been made, the patient becoming exhausted and the pains diminishing, after a consultation with Dr. Cameron, it was determined to interfere. Traction with the finger in groin having failed the use of forceps was

decided upon, and the question suggested for discussion was whether or not the Society considered this method of interference justifiable under the circumstances, notwithstanding the fact that it is either ignored or condemned in almost all text-books. The breech had not descended so far into the pelvis as to make it impossible to be raised to permit the introduction of the hand to bring down a leg, but considering that the liquor amnii had all drained away, that the patient was exhausted and naturally of feeble recuperative powers, and remembering McClintock's teaching, that "the introduction of the hand into the uterus was the most dangerous operation in midwifery," Dr. Carson believed that the increased danger to the child, from the use of forceps, was more than counterbalanced by the increased safety to the mother. Another reason, though an unscientific one, for adopting this, was the husband's strong desire that the mother's life should be the sole object to be considered. He had been twice married before, and both wives had died in their first confinements, so that it was impossible not in some degree to sympathize with his anxiety in this case. Dr. Carson applied the forceps, and with two slight slips succeeded in effecting delivery without injury to the child. Both mother and child have since done well.

Dr. A. H. Wright had had no experience with forceps to the breech in these cases. He had considered it a useless and dangerous procedure until recently, when, from the reports of success attending several cases of this kind, he had to some extent changed his opinion; but would still try the finger, the fillet, or the whole hand even, first, only using the forceps as a last resort.

Dr. Wilson, in a similar case had applied, the forceps to the breech with success.

Dr. Spencer had a case last week like Dr. Carson's. By introducing his hand a long way he had succeeded in bringing down the feet, one at a time; the after-coming head was delayed at the brim, he then delivered with forceps; the child was dead. He had never seen any ill effects resulting from passing the hand within the uterus, though he had several times introduced his.

Dr. Carson, in reply to a question, said: "If I could recognize the presentation early, I would not then attempt by external version to rectify it, for I think I would be more apt to transform a comparatively favorable breech into a decidedly unfavorable cross-birth presentation, nor would I venture externo-internal version because of danger of rupturing the membranes and making cross-birth presentation."

Dr. Cameron being asked why he recommended forceps in this case, said: "I have seen them so applied in two cases. I have so applied them in two cases. All four did well. Harvey, of Calcutta, advised this plan, because it allowed the part presented by nature to come *as a whole*, whereas bringing down a foot broke up the presentation and had a tendency to cause extension of the arms above the head."

Book Notices.

The Physicians' Visiting List for 1886 (LINDSAY & BLAKISTON'S). Philadelphia: P. Blakiston, Son & Co.

This is the thirty-fifth year of the publication of this very convenient visiting list. It has long been a favorite with the profession, and there is no reason why it should not remain so.

Personal.

Dr. W. S. Playfair has been elected an honorary Fellow of the American Gynecological Society.

Dr. George M. Sternberg, U.S.A., attended the International Sanitary Conference at Rome, in November, as the delegate from the United States.

Prof. W. B. Carpenter, of London, England, died in November, at the age of 73, from burns caused by the upsetting of a lamp, while he was taking a vapor-bath, for rheumatism.

Dr. E. O. Shakespeare, of Philadelphia, has been appointed by President Cleveland a Special Commissioner to visit Spain, and report to the State Department upon the recent epidemic of cholera, and its sanitary lessons.

Dr. Harvie has removed to Edgar to take the practice of Dr. N. A. Powell. The latter comes to join the already large army in Toronto, and will be cordially welcomed by the profession.

CANADIANS IN ENGLAND.—Normal Allen, Harold Hawley, and J. Rennie Logan, passed their examinations in anatomy and physiology before the Royal College of Surgeons, on Oct. 9th. Edward Foxton Kingston, passed in anatomy.

Miscellaneous.

HYDROPHOBIA IN ENGLAND.—There is rather a serious epidemic of hydrophobia at present in London, and twenty deaths from this cause have occurred during the present year.

MEDICAL INSPECTOR OF SCHOOLS.—According to a recent royal decree, all Spanish towns of more than 100,000 persons are to appoint medical inspectors of schools. The town councils are to fix the salary in each case.

We would call the attention of our subscribers to the advertisement of Syr. Hypophos. Co., (LePage's), a sample of which has been submitted to us. We consider it worthy the notice of all those prescribing such a preparation.

"INTERNATIONAL JOURNAL OF MEDICAL SCIENCES."—On and after January 1st, 1886, *The American Journal of Medical Sciences* will be published every three months simultaneously in London and Philadelphia, under the title of the *International Journal of Medical Sciences*, under the editorship of Dr. Minis Hays, of Philadelphia, and Mr. Malcolm Morris, of London.

CELIBACY.—The Paris correspondent of the *British Medical Journal* writes:—According to Lagneau, the well-known statistician, there is a lower rate of mortality among bachelors under 22 years of age than among married men. Above that age the contrary is observed, and married men live longer than bachelors. Among bachelors 30 per thousand are criminals: among married men, 18 per thousand.

TO RENDER SEA WATER PALATABLE.—Sea water can be rendered palatable by removing the chlorides, and Thomas Kay, President of the Stockport (Eng.) Natural History Society, says citrate of silver will do this. He says that one ounce of citrate of silver will convert half a pint of sea water into a drinkable fluid, and a man can keep alive on it a day, or seven ounces will serve to sustain life a week. He proposes that bottles of citrate of silver should be secured in the lifeboats of ships, and used when absolutely required.—*Denver Medical Times*.

CIVIL SERVICE AT THE HOSPITALS.—At a recent examination in this city, one of the candidates was asked the following questions on "Practice:" "Give the highest specific gravity of the blood ever known in diabetes?" "In what country do you find most tapeworms?" "Number of ova laid by one segment of a tapeworm?" "In what part of the intestine do you find the most cysticerci?" We think the examiner might profitably add one or two more. "If a man has a tapeworm, and takes an anthelmintic, how much of the tapeworm will he pass at the first sitting?" "Will the worm like being passed?" and "If the worm does not like being passed, what is he going to do about it?" (*Medical Record*).—Wouldn't he tape off?

In the *Union Médicale* of August 15th, under the head of correspondence, appears the following letter:—

MON CHER RICHELOT,—Thorens has related the sad ending of a duel at which he assisted. The wound caused pleurisy-empyema, and death ensued. Ought not we to recommend to the surgeons some precautions that one takes in every operation? We should demand that the foils should be passed through a flame, or put in carbolic acid, and that the combatants as well as the surgeons should wash their hands in carbolic solution. The surgeons should have carbolic solution ready to apply to a wound at once. We should like to have the pistols and balls disinfected. One fights sometimes for reasons that so little affect one's honor that the precautions deemed necessary for the slightest operation should be taken. One sees that the blades are sharp; we demand that they should be clean, medically. P. DUROZIER.

BRUTAL TREATMENT OF A PHYSICIAN.—The following is an illustration of the sort of treatment to which physicians in the cholera districts bordering on the Mediterranean are exposed at the hands of the ignorant and frightened populace: At Puebla Larga, near Barcelona, a man died of cholera. The relatives told not a soul of what had happened, but, assembled in the front room of their cabin, awaited the arrival of the doctor on his daily round of visits, and when he came asked him quietly, as though all was well, to step in and see his patient. What was his astonishment on drawing near the bed to find that it held a corpse, and, on turning around, to see himself surrounded by the relatives, whose appearance had now become most threatening. They demanded of him what right he had to take their money without curing his patient, and called him a murderer, saying that this was the third person he had deliberately killed in one week. Then the wife of the dead man gathered all the medicines, pills, liniments, disinfectants, and the rest, which the unlucky physician had prescribed, and while the others held him down and forced open his mouth, she emptied the contents of all the boxes and bottles down his throat. For twenty minutes this man was held down while the fiend of a woman poured carbolic-acid solutions, hot liniments, drugs, one after the other, into her victim's mouth. An hour later he was dead. And in two days his father was also dead from the shock which the news of his son's fate gave him.—*N. Y. Medical Record.*

REST DURING SICKNESS.—Does the reader of these pages ever think of the work a sick man as much as a well one has to perform while he is lying on his back and taking what we call his "rest?" More than a thousand times an hour, between a hundred and fifty and two hundred thousand times a week, he has to lift the bars of the cage in which his breathing organs are confined, to save himself from asphyxia. Rest! There is no rest until the last long sigh tells those who look upon the dying that the ceaseless daily task, to rest from which is death, is at last finished. We are all galley slaves, pulling at the levers of respiration, which rising and falling like so many oars, drive us across an unfathomable ocean, from one unknown shore to another. No! Never was a galley slave so chained as we are to these four-and-twenty oars, at which we must tug day and night all our life long.—*Oliver Wendell Holmes, Atlantic Monthly, November.*

CHEAP DYING.—The cost of cremation by the new company in this city, it is said, will be only twenty-five dollars. The fact that a person dying in New York can have suitable mortuary rites performed for the comparatively small sum of twenty-five dollars is most interesting, and will, we feel sure, do much to rob death of its terrors. The company, indeed, promises to open up a new era in municipal mortuary history; for while there has been a great deal said and written here about cheap living, we have heard but very little of a serious and practical nature about cheap dying. Dying in New York is a luxury, and one about which most people show a strange amount of thoughtlessness and inconsideration. A citizen can live three years in Arkansas for the price of a conventionally respectable interment in New York. Yet few take such a fact as this into the slightest consideration in consenting to a demise. We are, indeed, acquainted with one conscientious old Irish woman, with a complication of diseases, who faithfully attends her Dispensary, because she is "on her relations," and she knows and admits that they cannot afford to bury her.

Such a spirit deserves a historical record and wide emulation. The fact is, we are much in need of a Society for the cultivation, not of plain living, but of plain dying. In these hard times it is often little less than criminal that a man subject his estate to the prolific expenditure of a funeral. We have heard of a gentleman who, at the solicitation of his wife, gave up tobacco and thereby, in the next fifteen years, saved over five hundred dollars, which all went at last for his burial expenses. Here was certainly a disproportion between effort and its result that is most painful to well-balanced minds, and very disheartening to the anti-tobacco propaganda.

We do not advocate extremes, however. It appears quite possible that if a person can die respectably for twenty-five dollars, not only is final dissolution within the reach of all, but it may even be a positive temptation, and lead to the cutting off of a large amount of agreeable, not to say lucrative, invalidism. The whole matter of cheap dying, in fact, needs much further discussion. At present the subject is in a state of painful confusion, reminding one, in this respect, of the Germ Theory, and of the Ninth International Congress.—*N. Y. Med. Record.*

INDEX.

A.

American Notes, by Tait, Extracts from, 9.
 Acetabulum, Fracture of, 18.
 Arbutin for Catarrh of Bladder, 48.
 Atropia in Chloroform Inhalation, 48.
 " in Epilepsy, 176.
 Abdominal Section, 56.
 Antipyrin, 56.
 " and Kairin, 205.
 Arsenic, 69.
 Antiseptic Surgery, 86.
 Anatomy Act, 91.
 Asthma, Nasal, 341.
 " 110, 244.
 " in a Child, 142.
 Antiseptic Sick, 110.
 Abscess, Submaxillary, 111.
 Anatomy of Intestinal Canal, 112.
 Antipyretic Treatment, A New, 136, 143.
 Addison's Disease, 139.
 Aphasia, 139.
 Anæsthetics, The Use of, 145.
 " Our Choice of, 150.
 Abortion, To Prevent, 147.
 Atrophy of Muscles after Puerisry, 163.
 Apomorphia for Alcohol Poisoning, 169.
 Anæmia, A Pill for, 176.
 Artificial Respiration, Schultze's Method, 207.
 Abscesses, Cold, 238.
 Albumen, Test for, 269.
 Albuminuria of Pregnancy, 301.
 Abdominal Section, 321.
 Atonic Dyspepsia, 340.
 American Medical Association, 21, 89, 181.
 Action of Drugs at a Distance, 368.

B.

Book Reviews, 28, 63, 92, 128, 158, 190, 223, 253, 317, 349, 380.
 Benefit Societies, 57.
 Bromides for Epilepsy, 85.
 Bacteria at Different Elevations, 138.
 Bites, Human, Are they Poisonous, 140.
 Bronchitis, A Mixture for, 176.
 Buboes, 244.
 Binioidide of Mercury in Obstetrics, 280.
 British Medical Association, 283.
 " Dental Association, 311.
 Bromide of Arsenic for Pimples, 298.

C.

Cholera Conference at Washington, 6.
 " 113, 151, 214, 13, 84.
 Cocaine, 13, 110, 140, 154, 235, 279, 305, 341.
 Constipation, Treatment of, 14, 106.
 " Habitual, 177, 232.

Chorea, Treatment of, 14.
 Corpus Callosum, Tumor of, 23.
 Catching Cold, 24.
 Correspondence, 25, 61, 157, 188, 223, 252, 347, 376.
 Cutaneous Edema, Acute, 33.
 Carbolic Acid in Eye Affections, 38.
 Charcot's Joint Disease, 48.
 Chloroform in Labor, 53, 151.
 Caffeine, 57.
 Chilblains, 84.
 Chilblain Crayons, 177.
 Chancres, Extra Genital, 86.
 " Excision of, 143.
 Chancroid, 108.
 Chloride of Gold and Sodium, 118.
 Cancer, Genesis of, 145.
 " of Cervix Uteri, 171.
 Carbuncle, Treatment of, 169.
 Chicken-pox, Fatal Case of, 172.
 Cracked Nipples, Ointment for, 176.
 Cod Liver Oil, To Remove Taste of, 176.
 " " for Thread Worms, 211.
 Compressed Air Bath in Treatment of Disease, 178.
 Chloral Hydrate in Gonorrhœa, 211.
 Consultations with Irregulars, 211, 249.
 Calculus from Vermiform Appendix, 239.
 Consanguineous Marriages, 244.
 Chrysarobine, Clinical Use of, 272.
 Chloral Hydrate with Potassium Bromide and Alcohol, 280.
 Chancre and Herpes, Differential Diagnosis, 304.
 Codeine and its Salts, 341.
 Cervix Uteri, Cystic Degeneration of, 353.
 Circulation, Disorders of, 358.
 Cutaneous Anodyne, 368.
 Contagiousness of Exanthems, 369.

D.

Diphtheria, Treatment of, 12, 138, 167, 303.
 Dyspepsia, 13, 14, 105.
 Dyspeptics, Advice to, 14.
 Deglutition Sounds, 14.
 Deafness, Pomade for, 15.
 Dental Caries, 45.
 Diabetes Mellitus, 103.
 Delirium Tremens, Treatment of, 113.
 Dobell's Solution, 142.
 Dry Earth System, 149.
 Dermatology, Robinson's Manual of, 153.
 Dermatitis, Recurrent Exfoliative, 162.
 Death from Cold Douche, 171.
 Dermoid Tumors, Non-Ovarian, 172.
 Diaper—an Absorbent Antiseptic, 175.
 Depurative Drops, 211.
 Dominion Med. Association, 214, 247, 283, 308, 311.
 Diet in Disease, 229.
 Dermatitis Venerata, 245.
 Delirium in Bright's Disease, 269.

Diarrhœa, White of Egg in, 274.
 Diuretic Mixture, 279.
 Dysentery, 305.
 Drunk or Dying, 311.
 Dermatological Notes, 316.
 Diabetes Mellitus, 361.
 Death or Coma, 363.

E.

Ether, External Applications for Vomiting, 12.
 " in Tetanus, 279.
 " Administration of, 47.
 Epithelioma of Cervix Uteri, 278.
 Endocarditis, Malignant, 116, 180.
 Empyema, 129.
 Epistaxis, Treatment of, 146, 306.
 Earache and Toothache, 182.
 Epidemic in Plymouth, 206.
 Erythematous Lupus, Lotion for, 211.
 Epilepsy Caused by Sight of Corpse, 215.
 Encysted Peritonitic Fluid, 230.
 Erysipelas, Lotion for, 341.

F.

Fractures of Femur, Treatment of.
 Fissure of Anus, 87.
 Fibroma of Broad Ligament, 97.
 Formulæ, 115.
 Fever, Nothnagel's Treatment of, 136.
 Fothergill, Dr., On Foods and Feeding, 163.
 Freckles, Dextrine Paste for, 177.
 Fissured Nipples, 243.
 Foreign Bodies Left in Abdomen after Laparotomy, 284.

G.

Gaston's Operation, 21.
 Gall Stones, Obstruction from, 85.
 German Army, Medical Department of, 119.
 Gastric Ulcer, Debove's Treatment of, 139.
 Glycerine, Notes on, 166.
 Gonorrhœa, Parasitic Origin of, 20.
 " in Female, 209.
 Gastrostomy, 235.
 Genitals, Amputation of, 241.
 Glycerinum Aluminis, 245.
 Grindelia Robusta, Local Use for, 269.
 Glycerine in Nasal Catarrh, 279.
 Gall Stones, 341.
 Gonorrhœal Warts, 369.

H.

Hospital Notes, 24, 58.
 Hæmostatic Pills, 43.
 Hospital for Consumptives, 57.
 " in Brantford, 91.
 Hydatid Cyst of Liver, 100.
 Hæmatocele, 112.
 Hamamelis Virginica as an Hæmostatic, 138.
 Hæmorrhage in Drunkenness, 142.
 Hæmoptysis, Acetate of Lead in, 144.
 Hyoscine Hydrobromates, 152.
 Hospital Arrangements for Rebellion, 152.
 Hernia, Strangulated, Management of, 167.
 Hamilton Medical and Surgical Society, 185, 220, 286, 343.
 Hepatotomy and Laparotomy Abroad, 209.
 Hydrocele, Treatment of, 240.
 Hager-Brand's Remedy for Coryza, 245.
 Hiccough, Treatment of, 266, 279.
 Heart, Rupture of, 273.
 Hæmorrhage During Sleep, 274.

Headache, Valuable Remedy for, 302.
 Hæmorrhoids, Pill for, 305.
 Hospital for Women, 310.
 Home for Inebriates, 311.
 Hysterectomy, 338.
 Hemorrhage from a Tooth-Socket, 369.
 Hæmorrhoids Internal, Treated by Carbolic Acid, 373.

I.

Intestinal Hæmorrhage, Treatment of, 13.
 " Obstruction, 16.
 International Medical Congress, 19, 151, 246, 308, 309.
 Ingrowing Toe-nails, 46.
 Ischiatic Luxation, 48.
 Impure Ice, 55.
 Insomnia of Continued and Eruptive Fevers, 85.
 Insanity and Allied Neuroses, 107.
 Impotence and Spermatorrhœa, 109.
 Iodoform, 341, 110, 208, 305.
 " in Gonorrhœa, 275.
 Intestinal Tuberculosis, 133.
 Intestine, Paralytic Obstruction of, 144.
 " Acute Obstruction of, 145.
 Indigestion, Gastro-Intestinal, 211.
 Impetigo of the Head.
 Iodism, Rare Manifestations of, 271.
 Ipecac in Pneumonia, 303.
 Impotence, 341.

J.

Jequerty, 15.
 Jaundice, Catarrhal, 119.

L.

Lithotriptic Potion, 48.
 Leprosy, Bacillary, Origin of, 139.
 Lead-poisoning, Clinical Test for, 270.
 Laparotomy for Intestinal Obstruction, 303.
 Lactate of Quinine, 306.
 Lithotomy, Supra-pubic, 310.
 Laceration of Os and Cervix Uteri.
 Labor, Third Stage, 367.

M.

Miscellaneous, 30, 63, 94, 126, 159, 192, 224, 255, 288, 319, 351, 381.
 Medico-Chirurgical Society of Montreal, 59, 155, 219, 249, 285.
 Marriages, 63, 351.
 Mastitis, 78.
 Medical Health Officer, 90.
 Malignant Tumor of Femur, 101.
 Milk, Testing Quality of, 113.
 Medical Act for British Columbia, 120.
 Martin Rubber Bandage, 146.
 Menorrhagia, Use of Hæzeline, 148.
 Medical College Elections, 153.
 Mole Pregnancy, 161.
 McDowell's First Ovariectomy, 173.
 Mustard Sponge, 176.
 Medical Examinations, 183.
 Malignant Pustule, Recovery from, 234.
 Mortuary Vaults, 246.
 Medical Charities in England, 248.
 Morphia Salts, 279.
 Medicines, Proper Time to Take, 279.
 Medical Men in Parliament, 281.
 Microscopical Association, 282.
 Mosquito Bites, 305.
 Membranes in Natural Labor, Management of, 309.
 Mitral Stenosis, 330.
 Mental Alienation in Female Physicians, 337.

R
11
C45
v.10

The Canadian practitioner

Biological
& Medical
Serials

PLEASE DO NOT REMOVE
CARDS OR SLIPS FROM THIS POCKET

UNIVERSITY OF TORONTO LIBRARY

STORAGE

